

CREDIT CARD CHANGE REQUEST FORM

Administered by Third-Party Administrators:
 H A Partners, Inc. or Healthy America Insurance Agency, Inc. (Depending on state)
 For the following Associations & Subscription Services



THIS SECTION IS FOR HOME OFFICE USE ONLY	
CURRENT DRAFT AMOUNT	
NEW DRAFT AMOUNT	
DATE CHANGED	

PRIMARY MEMBER NAME	
MEMBER ID	
CARDHOLDER'S NAME	
CARDHOLDER'S ADDRESS	
CARDHOLDER'S PHONE	
CREDIT CARD NUMBER	
EXPIRATION DATE (mm/yy)	
CVV#	
CARD TYPE (select one)	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX

THIS BILLING CHANGE FORM IS FOR ASSOCIATION MEMBERSHIP, BENEFIT PROGRAMS, AND SUPPLEMENTAL GROUP AND INDIVIDUAL INSURANCE AND NOT MAJOR MEDICAL COVERAGE AND DOES NOT QUALIFY AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT.

CREDIT CARD AUTHORIZATION

I hereby authorize H A Partners, Inc. or HealthyAmerica Insurance Agency, Inc. (depending on the state), herein called COMPANY, to initiate debit entries to the account indicated above and the depository named above, herein after called DEPOSITORY, to debit the same such account.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

 CREDIT CARD HOLDER SIGNATURE

 DATE SIGNED

UBA, HAA & BENEFIT BOOST REFUND POLICY

*Any quotation or price information of UBA, HAA or Benefit Boost Subscription membership dues is without obligation and subject to change with a thirty (30) day notice. Notice may be by mail at last known mailing address or by last known email address. Your payment information is protected on a PCI-DSS certified secure server. We showcase the name UBA GAP and the phone number 866-438-4274 on all transactions (shown as UBAGAP8664384274) on your account statement and it is **your responsibility to check the transactions occurring on your account every month and to cancel with us when desired. Every month we pay for the membership services and the insurance premiums for any applicable group insurance programs on your behalf, whether you use the membership services or file a claim with the group insurance programs.***

If you are not completely satisfied with your UBA, HAA or Benefit Boost Membership Product(s), please call your Personal Member Concierge at 866-438-4274. We will be happy to issue a complete refund of membership dues within the first thirty (30) days. We want you to be 100% satisfied with your UBA, HAA and Benefit Boost benefits and services. Please be aware that premium & dues can't be refunded if a claim was filed.

Note: This membership is separate from any other insurance or supplemental products you have purchased. Please contact your agent for any products other than a UBA or HAA Membership, Benefit Boost Subscription Product, or any optional group or individual insurance product enrolled as a member of UBA or HAA. If you are canceling, please make sure to cancel using our cancellation phone number at 866.438.4274 or our cancellation form located at ubamembers.com/billing.html or healthyamericaassociation.com/billing.html. Please do not cancel through your agent. Cancel directly with your Personal Member Concierge to make sure your cancellation request is handled promptly and correctly.

NOTE: SECURE EMAIL UPLOAD IS AVAILABLE AT EITHER UBAMEMBERS.COM/BILLING.HTML OR HEALTHYAMERICAASSOCIATION.COM/BILLING.HTML