

GROUP BILLING 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 GROUP BILLING 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.**

THIS SECTION IS FOR HOME OFFICE & AGENT USE ONLY	
CURRENT DRAFT TOTAL	
NEW DRAFT TOTAL	
ASSOCIATE CODE	

COMPANY NAME	
BILLING CONTACT NAME	
BILLING CONTACT PHONE NUMBER	
EMAIL ADDRESS	

PRIMARY MEMBER NAMES	CURRENT DRAFT AMOUNT	PRIMARY MEMBER NAMES	CURRENT DRAFT AMOUNT
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

PAYOR INFORMATION	
PAYOR NAME	
PAYOR ADDRESS	
PAYOR PHONE NUMBER	

DRAFT TYPE (SELECT ONE) CREDIT CARD EFT / BANK DRAFT

CREDIT CARD
CREDIT CARD NUMBER
EXPIRATION NUMBER
CVV NUMBER
CREDIT CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX

EFT / BANK DRAFT
BANK NAME
ROUTING / TRANSIT NUMBER
ACCOUNT NUMBER

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 for all members listed on this group billing form until I cancel such member(s).

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. If a member is terminated, the overall draft amount will adjust to the total number of members eligible under your group billing agreement.

 AUTHORIZED PAYOR SIGNATURE

 DATE SIGNED

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