

Member Name: _____
Branch Location: _____

Universal One – Employee Only
 Universal One – Employee + 1
 Universal One – Employee + Fam
 Universal Plus

Fold Here

Members: MultiPlan Provider Locator: 1.800.457.1403
www.MultiPlan.com

Eligibility & Member Services: 1-866-950-2368

Providers: For Claims 1-800-851-6268
Claims Administered by: TCC of South Carolina

File Hard Copy Medical Claims To:
MultiPlan, P. O. Box 211033
Eagan, MN 55121
Electronic Payor ID: 41204
For verification of benefits after hours go to: www.verifyuhb.com



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UNIVERSAL HEALTH BENEFITS

(In order to avoid a delay in the activation of your benefits and savings, follow the instructions listed above to complete the membership process. If you have elected to participate and do not complete the application process with instructions above, you will be signed up, but a delay in your benefit activation may occur.)

EMPLOYEE INFORMATION

Employee Name _____ Social Security Number _____
Home Address _____ Cty _____ ST _____ Zip _____
Gender Male Female Date of Birth ___/___/___ Phone _____
E-mail _____

PLAN SELECTION

- Plan Selection: Universal **One*** - \$33.00/week - Employee Only
 Universal **One*** - \$55.00/week - Employee + One
 Universal **One*** - \$77.00/week - Employee + Family
 Universal Plus* - \$8.00/Week – Careington Discount Plans Only (NOT Insurance)

After you have made your plan selection, please select the matching box in the blue section of your temporary ID card.

*All Universal One Plans and the Universal Plus Plans include a discount plan administered by Careington International Corporation at no cost.

DEPENDENT INFORMATION

Dependent Information (Attach additional dependents to form.)	Date of Birth	Gender (M/F)	Relationship	Social Security No.
			Spouse	

Life Insurance Beneficiary _____ Relationship _____

EMPLOYEE AUTHORIZATION

- I ELECT TO PARTICIPATE IN THE PLAN SELECTED ABOVE.
- I have been given the opportunity to participate in the plans above, and I wish to **DECLINE MEMBERSHIP** at this time.

AUTHORIZATION FOR RECURRING BILLING

I hereby authorize UHB to payroll deduct the amount as indicated in my plan selection above. I understand this amount will be deducted weekly commencing with my first payroll deposit from Employee Solutions.

I understand my plan coverage and/or plan discounts could continue upon separation of employment with Employee Solutions. It is my responsibility to notify UHB of any cancellations or plan changes.

***To make changes or cancel your plan, please visit www.uhb1.com. All requests **must be submitted the Tuesday** prior to your next recurring deduction to take effect. You will be notified by a UHB team member once your request has been processed. Remember - Your benefits and savings are not active until you receive your first paycheck.

Employee Signature

Date

Rep: _____ Branch Location: _____

Terms and Conditions

Renewal Conditions: By joining a plan, you are authorizing **Universal Health Benefits** to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify **Universal Health Benefits** of request to cancel. By joining, you indicate you have read the terms and conditions of the plan. This plan will automatically renew at the end of your membership term on an annual basis, and your credit card or bank account will be automatically charged or drafted for the appropriate amount.

Termination Conditions: **Universal Health Benefits** and Careington International Corporation (**Careington**) reserves the right to terminate plan members from its plan for any reason, including non-payment.

Cancellation Conditions: You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less the processing fee, if applicable. **FL Residents:** *You have the right to cancel within 30 days after the effective date.* If for any reason during this time period you are dissatisfied with the plan and wish to cancel and obtain a refund, you must submit a written cancellation request. **Universal Health Benefits** will accept and cancel plan memberships at any time during the membership period and will cease collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation notice. Please send a cancellation letter and a request for refund with your name and member number to **Universal Health Benefits** at **6404 International Parkway, Suite 1350, Plano, Texas 75093** or fax to: **855-208-1140**. You may also submit cancellation by email: **admin@uhb1.com**. If **Universal Health Benefits** is billing you quarterly, semi-annually or annually, **Universal Health Benefits** will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member.

Description of Services: Please see the enclosed materials for a specific description of the programs that you have purchased.

Limitations, Exclusions & Exceptions: This program is a discount membership program offered by Careington. Careington is not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by **Careington**. **Careington** is not licensed to provide and does not provide medical services or items to individuals. You will receive discounts for medical services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of your appointment. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider is a participant in the plan. At any time **Careington** may substitute a provider network at its sole discretion. **Careington** cannot guarantee the continued participation of any provider. If the provider leaves the plan, you will need to select another provider. Providers contracted by **Careington** are solely responsible for the professional advice and treatment rendered to members and **Careington** disclaims any liability with respect to such matters.

Complaint Procedure: If you would like to file a complaint or grievance regarding your plan membership, you must submit your grievance in writing to: **Universal Health Benefits at 6404 International Parkway, Suite 1350, Plano, Texas 75093**. You have the right to request an appeal if you are dissatisfied with the complaint resolution. After completing the complaint resolution process and you remain dissatisfied, you may contact your state insurance department.