

United Discount Dental and Health Discount Plan Application (for vision, dental & prescription)

First Name _____ MI _____ Last Name _____

DOB of Applicant _____ Male / Female _____ Home / Work Telephone _____ Alternate Telephone _____

Mailing Address _____ Apt. # _____

City _____ State _____ Zip _____

Email Address _____

LIST OF HOUSEHOLD MEMBERS		
First Name	Last Name	DOB

A One-Time \$25.00 Non-Refundable Processing Fee IS REQUIRED WITH EACH APPLICATION

Individual Membership Fee \$ _____
 Paid Monthly \$11.95 - Quarterly \$32.85/qtr - Yearly \$119.40/yr

Household Membership Fee \$ _____
 Paid Monthly \$18.95 - Quarterly \$53.85/qtr - Yearly \$203.40/yr

Add Prescription and Vision \$ _____
 Paid Monthly \$2.00 - Quarterly \$6.00/qtr - Yearly \$24.00/yr

One-Time Non-Refundable Processing Fee \$ **25.00**

TOTAL AMOUNT DUE \$ _____

Checks accepted for Annual Membership Fee ONLY

Credit Card Visa MasterCard Discover Card

Card # _____ Exp Date _____

X Signature _____ Date _____

I have reviewed the Terms and Conditions and wish to purchase the discount plan.

*Insert the completed form in an envelope, and drop in the mail.
 Please mail the completed form to:
 UNITED DISCOUNT DENTAL AND HEALTH, ATTN. APPLICATION PROCESSING
 660 EDMONDS WAY SUITE #C, EDMONDS, WA 98020*

TERMS AND CONDITIONS

Renewal Conditions: By joining a plan, you are authorizing United Health Savings to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify United Health Savings 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: United Health Savings 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 non-refundable registration 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. United Health Savings 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 United Health Savings, 660 Edmonds Way Suite #C, Edmonds, WA 98020 or fax to: 425-640-0630. You may also submit cancellation by email: info@uniteddentalonline.com. If United Health Savings is billing you quarterly, semi-annually or annually, United Health Savings 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: dental, prescription, vision, LASIK

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 has the right to eliminate a Participating Professional from the respective network in which they are associated and may substitute Provider networks at its sole discretion.

Careington cannot guarantee the continued participation of any provider. If he or she 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. Services and service providers may change or be discontinued at any time with notice as required by law.

Complaint Procedure: If you would like to file a complaint or grievance regarding your plan membership, you must submit your grievance in writing to: United Health Savings, 660 Edmonds Way Suite #C, Edmonds, WA 98020. You have the right to request an appeal if you are dissatisfied with the complaint and/or grievance resolution. After completing the complaint resolution and appeal processes, and you remain dissatisfied, you may contact your state insurance department. TX Residents: All complaints will be completed within 72 hours of receipt with the exception of billing inquiries that require further research or documentation.

THIS PLAN IS NOT INSURANCE. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.* This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. The plan provides discounts at certain health care providers for medical services. The range of discounts will vary depending on the type of provider and service. The plan does not make payments directly to the providers of medical services. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. You may access a list of participating health care providers at this website. Upon request the plan will make available a written list of participating health care providers. You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less a nominal processing fee (nominal fee for MD residents is \$5). Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This program is not available in Montana and Vermont. *Medicare statement applies to MD residents when pharmacy discounts are part of program. This plan is not currently available in Washington.