

NEXT STEP



IN PROGRESS.....

You have your Agent Code and Unique Enrollment Link...

Now What?

It is time to enter your **First App**. Get step-by-step instructions here!

STEP 1

Replace YOURCODE with your assigned agent code in the link below to access your unique link that is assigned to you.

Go to your unique link at: <https://ubaapplication.com/YOURCODE>

At the bottom of the page, you will also find an Agent Login link.

- Register and Create your Agent Login
- Once registered or if you use your unique link, you should see your name now in the Help & Support Agent Section of the application.

STEP 2

Fill Out Who's Enrolling Section

- Residence State
- Family Members
- All Applicable Ages

STEP 3

Select **Browse All Plans** and then

Scroll through All Plan Options

OR

Select **Filter Products** to narrow down your search based on plan types.

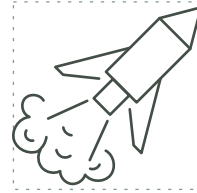
Choose Between These Categories



Filter Products



Insurance Products



Non-Insurance Products

OR

Filter Down the Categories Even Further to Narrow Plan Choices:



ACCIDENT



ASSOCIATION



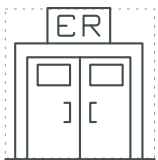
CRITICAL ILLNESS



DENTAL



DOCTOR VISITS



EMERGENCY ROOM



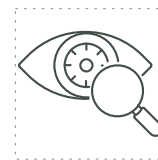
HOSPITALIZATIONS



PRESCRIPTION DRUGS



TERM LIFE



VISION

Important Note:

Most Accident and Critical Illness plans come in 3 different benefit amounts:

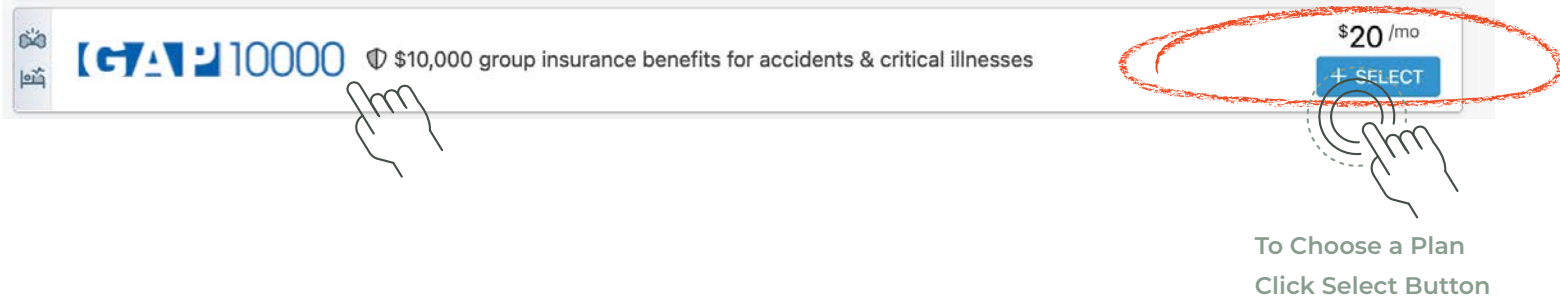
- \$5000
- \$10,000
- \$25,000

Once the new Agent Portal is set up, you will be able to flag your favorite plans and pin them at the top. You will also be able to hide plans to limit the amount of plans show on your enrollment link.

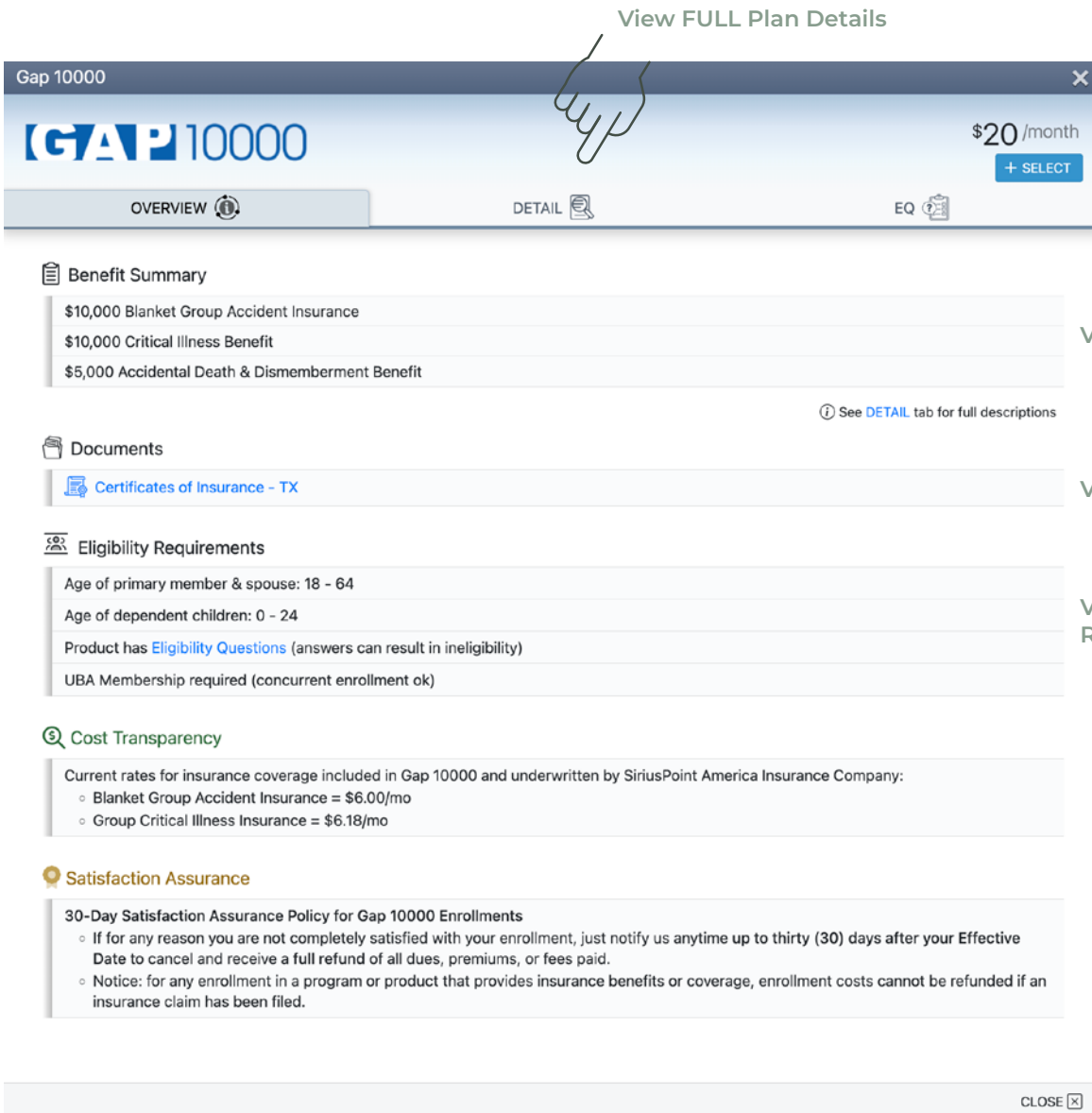
STEP 4

Select Plan Card to View Details

Click anywhere on the card and it will open up and show you the details, brochure / flyer, certificate of insurance



The screenshot shows a plan card for "Gap 10000" with a price of "\$10,000 group insurance benefits for accidents & critical illnesses" and a monthly cost of "\$20 /mo". A hand icon points to the card, and another hand icon clicks the "+ SELECT" button, which is circled in red. Below the card, the text reads: "To Choose a Plan Click Select Button".



The screenshot shows the "View FULL Plan Details" page for "Gap 10000". The page has a navigation bar with "OVERVIEW", "DETAIL", and "EQ" tabs. The "DETAIL" tab is selected. The main content area includes:

- Benefit Summary**: \$10,000 Blanket Group Accident Insurance, \$10,000 Critical Illness Benefit, \$5,000 Accidental Death & Dismemberment Benefit. A link "See DETAIL tab for full descriptions" is provided.
- Documents**: Certificates of Insurance - TX. A link "View Certificate" is provided.
- Eligibility Requirements**: Age of primary member & spouse: 18 - 64, Age of dependent children: 0 - 24, Product has Eligibility Questions (answers can result in ineligibility), UBA Membership required (concurrent enrollment ok). A link "View Eligibility Requirements" is provided.
- Cost Transparency**: Current rates for insurance coverage included in Gap 10000 and underwritten by SiriusPoint America Insurance Company:
 - Blanket Group Accident Insurance = \$6.00/mo
 - Group Critical Illness Insurance = \$6.18/mo
- Satisfaction Assurance**: 30-Day Satisfaction Assurance Policy for Gap 10000 Enrollments
 - If for any reason you are not completely satisfied with your enrollment, just notify us anytime up to thirty (30) days after your Effective Date to cancel and receive a full refund of all dues, premiums, or fees paid.
 - Notice: for any enrollment in a program or product that provides insurance benefits or coverage, enrollment costs cannot be refunded if an insurance claim has been filed.

A "CLOSE" button is located at the bottom right of the page.

Note: EQ Tab shows any applicable and required Eligibility Questions.

STEP 5

Select Plans to Enroll & Complete App

✓ SELECTED

UBA 10000 \$10,000 group insurance benefits for accidents & critical illnesses \$20 /mo REMOVE

ENROLL

HOUSEHOLD DETAILS

Family Members

Primary

First Name MI Last Name Sex Date of Birth

First Last mm/dd/yyyy

+ Add Spouse + Add Child

Contact Information

Phone Number Alt. Phone Email Address

(555) 555-1212 Optional Email

Residence Address

Physical address (not P.O. Box). Please specify a separate mailing address if you use a P.O. Box.

Street City State Zip Code

TX

This is also my Mailing Address

< Previous CONTINUE >

Enter Household Details and hit Continue.

Important Note:
The Continue Button will be unselectable until every required field is completed in this section.

> Person in TX \$30.00/month

ENROLL

ADDITIONAL INFORMATION

EFFECTIVE DATE

Your benefits will be active and available for use beginning on your Effective Date. The selected date will apply to all enrollments.

Requested Effective Date

04/01/2026

UBA QUESTIONS

This section pertains to your enrollment in UBA Membership and Gap 10000.

1. Are you an owner or an employee of a small business (less than 50 employees)?

Yes No

< Previous CONTINUE >

Choose an Effective Date: 1st or 15th of the month

Answer Any Required Eligibility Questions

Important Note:
Some plans only allow for 1st Effective dates. If that is the case, it will **ONLY** show you the available effective dates based on the selected plans.
Also, we have an effective date schedule that shows the effective date options available when you submit the business. Click the button below to view the schedule and make sure you don't miss a desired effective date.

UBA Eligibility Question:

If you are selecting a plan that requires UBA Membership in order to enroll like any of the Group Insurance products issued to UBA as the Master Policyholder, **this question must be answered Yes in order to enroll.**

CLICK HERE TO VIEW EFFECTIVE DATE SCHEDULE

STEP 6

Enter Member Payment Information

Person in TX \$30.00/month

ENROLL

PAYMENT INFORMATION

PAYER RELATION

Who is paying for this enrollment?
 Myself Someone Else

PAYMENT METHOD

ACH Credit

Bank Account Information

Account Type
 Checking Savings

Account Holder Name Account Number

Routing Number

BILLING ADDRESS

Select from Addresses

Street City State Zip Code

Fort Worth TX

E-SIGN LINK DELIVERY

Next, we'll send a link for you to review & e-sign your finalized application.

How would you like to receive your e-sign link?
 Email Text/SMS

Enrolling In [Edit](#)

\$20.00
\$10,000 group insurance benefits for accidents & critical illnesses
UBA MEMBERSHIP \$10.00
Join the United Business Association — a nationwide membership of small business owners and employees, where <i>We are Better Together</i> ™
Total Monthly \$30.00

Your Agent
No Agent [Specify Agent](#)

Review Plans Here and Plan Cost Totals.

This will be the monthly cost to the potential member.

Make Sure You See Your Name and Info Here.

Important Note:

*If you don't see your name here, the app will not be entered under you. If you don't see your name here, click **SPECIFY AGENT** and enter your information.*

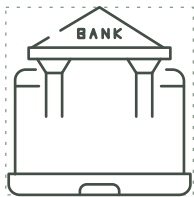
*If you are logged in or using your unique link, it should have your information here. Just **double check** here before you hit continue.*

Choose an E-Sign Delivery Method

Email or Text/SMS

This is where your client will receive the link to verify, accept and e-sign the app.

Choose Member's PAYMENT OPTION



BANK DRAFT (EFT)



CREDIT CARD

Initial Draft will occur on Friday

New Business Week is:

Thursday - Wednesday at midnight

Important Note:

For all business entered and e-signed by member between Thursday-Wednesday at midnight, the member will be drafted that Friday for the initial draft.

Recurring Drafts:

1st Effective Dates: Members will be drafted on **5th of the Month***

15th Effective Dates: Members will be drafted on the **15th of the Month***

NOW YOUR PART IS DONE!

*or the first available next business date if the 5th or 15th occur on a holiday or weekend.

STEP 8

Member Gets Email or Text for E-Sign Link

Instruct your Member to go to their email or text messages (depending on how you sent the link when completing the last step, Step 7).

Your enrollment application is not complete, and will not be processed, until you e-sign the application.

[Click here to E-Sign your Enrollment Application](#)

Once the member click's on the link in their email or text message, they will:

- Enter their last name (It will have to be **exactly** as you spelled it when entering the app)
- Enter their date of birth

APPLICATION
REVIEW & E-SIGN

Verification Required

For security and privacy purposes, please verify the following information for the Primary Applicant to access this enrollment application

Last Name

Date of Birth

CONTINUE >

- The member will then review the application for accuracy.
- They can edit any errors.
- The member agrees to any disclaimers.
- The member then e-signs the enrollment app.

Once the member completes the step, the application will be complete and then will go into our New Business processing week and will be drafted for the initial payment. Statements will be posted on Tuesdays / Wednesdays of the following week that show what applications and/or compensation is being processed for the week. The monthly statements will show all renewals and the active members who have paid their monthly membership dues for the month as well as any cancellations or chargebacks.

VIEW **STATEMENTS** FOR BOTH WEEKLY NEW BUSINESS & MONTHLY RENEWALS HERE:

<https://eagentcenter.com>

Company ID: healthyamerica

User ID: Your Agent Code

Password: last 6 digits or social or tax id (for initial log in only) then your created password

YOUR FIRST APP IS COMPLETE!