



United Unlimited Wellness Plan Consent Form

HPS's United Unlimited Wellness Plan (UUWP) is a recurrently-billed membership program for groups of five (5) or more people that consists of two (2) parts:

1. Monthly group premiums paid by a single covering entity (referred to as "entity")
2. Discounted service fees paid by individual members (referred to as "members") billed at the time services are rendered

Entities who elect to take part in HPS's UUWP are responsible for paying monthly premiums that enroll multiple members in UUWP. This allows all participating members to receive deeply discounted services with significantly lower monthly premiums than are offered by HPS's individual unlimited wellness plans. Any group of five (5) or more people can enroll in UUWP with no restrictions on age or relationship to the covering entity.

Premiums are billed on the first calendar day of each month for a minimum period of one (1) calendar year from the time this UUWP contract is initiated. Premiums for all members of the group must be paid by a single cardholding entity. Individual members covered by the UUWP are responsible for their own service fees at the time services are rendered. All premiums are automatically recurrently billed on the first day of each month at the rate indicated below to a credit card kept on file. Premium payments will be automatically charged monthly until the cardholding entity notifies HPS of cancellation or modification but not before one (1) calendar year has elapsed from the signing of this contract.

UUWP premiums start at \$500/month for coverage of a minimum of five (5) members and a maximum of ten (10) members. Premiums increase in \$500/month increments for every ten (10) members added to the plan. Premium tiers are as follows:

5-10 members \$500/month	21-30 members \$1500/month	41-50 members \$2500/month	61-70 members \$3500/month	81-90 members \$4500/month
11-20 members \$1000/month	31-40 members \$2000/month	51-60 members \$3000/month	71-80 members \$4000/month	91-100 members \$5000/month

For entities with greater than 100 members, custom premium rates and provision of services at the entity's location may be discussed.

Entities must provide a list of names of members covered by their UUWPs at the time of enrollment on the subsequent pages of this contract. Members must provide their names, phone numbers, emails, and signatures on the subsequent pages of this document to indicate that they authorize HPS to use their information to enroll them in UUWP. If an entity wishes to add or subtract members from its plan, its premiums will not change unless the added or subtracted members push into a different premium tier. No members except the authorized cardholder and his/her dedicated proxy (named below) may modify or cancel UUWP enrollment. Modification of premium tiers may be applied before one calendar year has elapsed from the initiation of this contract. However, UUWP contracts may not be fully cancelled before one (1) calendar year has elapsed from the time of initiation.

After premiums are paid, members will pay \$10/15 minutes of service at the time services are rendered.

Premium payments must be made by credit card and must enroll in automatic recurrent billing. UUWP premium payments are exempt from credit card processing fees. However, all other credit card transactions carry a 3.5% processing fee. No processing fees are charged for payments made in cash or checks.

All appointments canceled with fewer than 24 hours' notice and no-shows will incur a 100% cancellation fee to the member who scheduled the appointment.



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In order to cancel enrollment or modify the number of members covered by a UUWP, cardholding entities or their proxies must contact HPS by phone at (512) 773-6258 or by e-mail at jmansonlac@gmail.com to inform HPS staff.

I, _____ (authorized cardholder's name), am indicating that _____ (cardholding entity's name) wishes to enroll _____ (number of members) into HPS's UUWP at a premium of \$ _____/month for a minimum of one (1) calendar year past the date of signing of this contract. I understand that premiums will be billed automatically to the credit card ending in _____ (last 4 card digits) on the first calendar day of each month for an indefinite period or until I, _____ (authorized cardholder's name) contact HPS staff to notify them of UUWP modification or cancellation. Only myself and _____ (dedicated proxy's name) may modify or cancel UUWP enrollment. A list of included member names, emails, and phone numbers are attached to the end of this document.

By signing next to their names and contact information on the subsequent pages of this document, all members consent to my sharing their information with HPS and indicate that they have read, understand, and consent to UUWP terms and conditions as outlined in this document.

BY SIGNING THIS DOCUMENT, I, _____ (AUTHORIZED CARDHOLDER'S NAME) AGREE THAT I HAVE READ, UNDERSTAND, AND CONSENT TO THE TERMS AND CONDITIONS OF HPS'S UUWP AS OUTLINED IN THIS DOCUMENT.

Authorized cardholder's name (print)

Date

Name of responsible entity

Authorized cardholder's signature



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Member Name	Phone Number	Email	Signature
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Member Name	Phone Number	Email	Signature
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Member Name	Phone Number	Email	Signature
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Member Name	Phone Number	Email	Signature
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