



PEO4ME

Co-Partner Agreement



Comp Payment Schedule		
Tier	1 st year	2 nd year
Member Only	\$25	\$12.50
Member and Spouse	\$50	\$25
Member and Child (ren)	\$50	\$25
Family	\$50	\$25

*Please note: Payment does not begin until the total reaches **\$1000** of comp.

Application for PEO partnership

Please fill out below and return to info@peo4me.com

Plan Disclosures: *(Please read)*

- Calendar year plan, domestic partner coverage may vary by state.
- Prior deductible and out-of-pocket are not credited.
- \$27 monthly union dues per member including waivers.
- In-network only coverage except for emergency. See SBC for details.
- Pricing valid through December 31st.
- Copies of Marriage Licenses and Birth Certificates are required for dependents' coverage.
- Maintenance drugs must be filled through the OptumRx Mail Service Pharmacy, which covers up to a 90-day supply. (Prescriptions can be filled up to 2 times at your local pharmacy, if you need to remain on the drugs for longer, they are called maintenance drugs and need to be filled by OptumRx Mail Service Pharmacy)
- All coverages begin on the 1st of the month. Enrollments must be completed by the 15th of the month prior.
- Payment drafts occur on the 15th of every month.
- There is no access to BCBS online portal. You will be sent your Explanation of Benefits (EOB) in the mail directly to your address.
- The ID cards will only have the member's name on them, even if dependents are on the plan. If you need additional cards for dependents, please contact service@uhesllc.com
- 1 year contract

Name:

Broker Name:

How many groups and individuals do you manage:

Do you have any informal/formal complaints filed against you with the Department of Insurance:

Do you have any claims paid under E&O:

Please submit a copy of your E&O insurance

*I have read the disclosures and comp schedule and would like to apply to become a PEO 4 ME referral partner.

Signature:

Date Signed: