



First Name	Last Name	SSN
Email	Phone Number	
Address	PO Box	
City	State	Zip
Gender	Date of Birth	

**Please return completed form to:**

Mail: UHC Direct Billing Administration  
PO Box 30616  
Salt Lake City, UT 84130-0616

Fax: (855) 256-5640  
Email: [DirectBillAdministration@uhc.com](mailto:DirectBillAdministration@uhc.com)

For plan benefit details, please visit: <https://www.myffbenefits.com> or call (800)444-5854.

**ACCIDENT PROTECTION PLAN**

Tier	Rate per Month	Please Check One
Employee Only	\$6.82	<input type="checkbox"/>
Employee & Spouse	\$10.89	<input type="checkbox"/>
Employee & Children	\$14.80	<input type="checkbox"/>
Employee & Spouse & Children	\$22.47	<input type="checkbox"/>
Decline Coverage		<input type="checkbox"/>

**Covered Dependents:**

First Name	Last Name	Relationship	SSN	Gender	Date of Birth
First Name	Last Name	Relationship	SSN	Gender	Date of Birth
First Name	Last Name	Relationship	SSN	Gender	Date of Birth
First Name	Last Name	Relationship	SSN	Gender	Date of Birth
First Name	Last Name	Relationship	SSN	Gender	Date of Birth

**HOSPITAL INDEMNITY PROTECTION PLAN**

Tier	Rate per Month	Please Check One
Employee Only	\$9.38	<input type="checkbox"/>
Employee & Spouse	\$20.59	<input type="checkbox"/>
Employee & Children	\$14.69	<input type="checkbox"/>
Employee & Spouse & Children	\$27.09	<input type="checkbox"/>
Decline Coverage		<input type="checkbox"/>

## Covered Dependents:

First Name	Last Name	Relationship	SSN	Gender	Date of Birth
First Name	Last Name	Relationship	SSN	Gender	Date of Birth
First Name	Last Name	Relationship	SSN	Gender	Date of Birth
First Name	Last Name	Relationship	SSN	Gender	Date of Birth
First Name	Last Name	Relationship	SSN	Gender	Date of Birth

**CRITICAL ILLNESS PLAN**

Covered Benefit \$5,000 per covered individual

Tier	Please Check One
Employee Only	<input type="checkbox"/>
Employee & Spouse	<input type="checkbox"/>
Employee & Children	<input type="checkbox"/>
Employee & Spouse & Children	<input type="checkbox"/>
Decline Coverage	<input type="checkbox"/>

Covered Dependents:

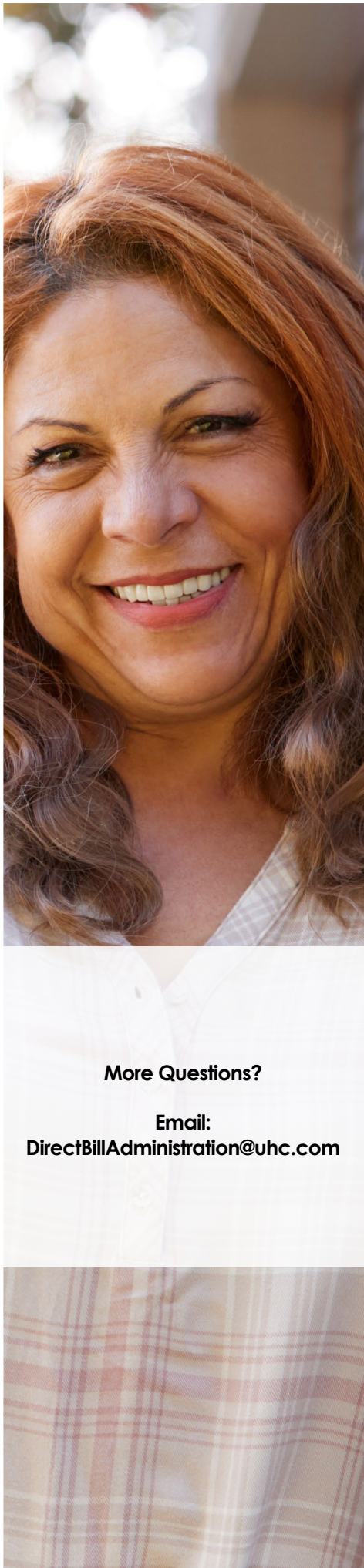
First Name	Last Name	Relationship	SSN	Gender	Date of Birth
First Name	Last Name	Relationship	SSN	Gender	Date of Birth
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# Welcome to UHC Retiree & Direct Billing Administration

Effective January 1, 2026, United Healthcare will be administering the monthly premium billing for your Palm Beach County Firefighters plans. These plans include Employee Supplemental Life, Dependent Supplemental Life, Accident Protection Plan, Critical Illness Protection Plan, and Hospital Indemnity Protection Plan.

If you choose to enroll, in December you will receive a welcome letter that details your plan information, premium amount and premium due date. Additionally you will receive information on how to access the billing portal. Your monthly invoice will be sent in a separate envelope.

- You have multiple payment options available within the billing portal. ACH draws and recurring credit card payments take place on the 5th business day of each month, but could take a few days to show on your bank statement. This scheduled date is reserved for you, giving you peace of mind and will help you track your payments.
- You can also pay by check or money order.
- Dedicated and skilled customer service representatives are available Monday-Friday, 7am to 5pm CT, to assist with managing your account.

## More Questions?

Email:  
[DirectBillAdministration@uhc.com](mailto:DirectBillAdministration@uhc.com)

## Contact Information

**Correspondence Address:**  
UHC  
PO Box 30616  
Salt Lake City, UT 84130-0616

**Payment Address:**  
UHC  
PO Box 2677  
Omaha, NE 68103

