Small Business Group Acceptance/Change Form

UnitedHealthcare®
A UnitedHealth Group Company

Effective March 1, 2008

Please indicate reason for change:	Source Code
New Business: ☐ Acceptance of new coverage **Renewals:** ☐ Acceptance of renewal with new renewal rates: **Group #**_____ ☐ Change existing coverage: **Group #**_____	Tracking #

Important: Please Print or Type All Sections in Black Ink

Legal Name of Group/DBA	Telephone ( )		Fax ( )	
Address	City	County	State	ZIP

Employer Contribution (Medical Only): Employee Premium =_____% Dependent Premium=_____%

Total Permanent Full-Time Employees: *(working 30 or more hours per week)*	Total Permanent Part-Time Employees: *(working 20–29 hours per week)*	Do you wish to offer coverage to **ALL** employees working 20–29 hours per week? ☐ Yes Effective Date _____ ☐ No

Please Indicate New or Changed Coverage Below

Plan of Coverage – All UnitedHealthcare plans are underwritten by United HealthCare Insurance Company.

Please Select All Medical Plans for the Contract Year

Groups enrolling less than 5 active employees may select one plan from the following list. Groups enrolling 5 or more active employees may select up to four medical plans; up to two may be from the following list of UnitedHealthcare plans. Please make your PacifiCare benefit selections on the PacifiCare Group Acceptance Form. Plan(s) indicated with an asterisk (*) are only available on a Stand-Alone basis. Calendar and Policy Years may not be combined.

UnitedHealthcare Choice Plus Definity℠ Health Savings Account (HSA) Plans

	Calendar	Policy
2000/100% Plan 7A-T[1]	☐	☐
1500/80% Plan U1-O[1]	☐	☐
2850/80% Plan 6C-L[1]	☐	☐
2850/80% Plan 6C-K	☐	☐
3500/70% Plan 6C-J[1]	☐	☐
3000/70% Plan 6C-I	☐	☐

UnitedHealthcare Choice Plus Consumer (HRA) Plans

	Calendar	Policy
1500/100% Plan 7A-L	☐	☐
2000/100% Plan 7A-M	☐	☐
1500/80% Plan 6C-H	☐	☐
2500/80% Plan S1-Y	☐	☐
3000/70% Plan 6C-G	☐	☐

UnitedHealthcare Choice Plus Traditional with Deductible Plans

	Calendar	Policy
20/250/90% Plan 6C-M	☐	☐
35/500/80% Plan 6C-D	☐	☐
30/500/70% Plan 6C-B	☐	☐

UnitedHealthcare Choice Plus Balanced 100 Plan

	Calendar	Policy
30/3000/100% Plan 7A-Q	☐	☐

UnitedHealthcare Choice Plus Balanced Plans

	Calendar	Policy
25/1000/80% Plan 7A-B	☐	☐
25/2500/80% Plan 2A-Q	☐	☐
35/1000/70% Plan 6C-C	☐	☐
40/1500/70% Plan 6C-F	☐	☐
35/1000/50% Plan 6C-E	☐	☐

UnitedHealthcare Non-Differential PPO Plan

	Calendar	Policy
2000/80% Plan 7C-B*	☐	☐

Please answer the following question:

Will you self-fund any portion of your employees' cost-sharing by offering a wrap-around plan, such as a Health Reimbursement Account (HRA), in addition to your UnitedHealthcare Small Business plan? ☐ Yes ☐ No If No, and group does not disclose that they have a wrap-around plan or adds one after the initial group enrollment, the group may be subject to re-rate or termination.

Supplemental Benefits	Other Coverage (required)
Group Term Life ☐ Add[2] ☐ Cancel ☐ Renew ☐ Change[2]	**Domestic Partners Coverage** All UnitedHealthcare plans include Domestic Partner coverage as required by state law.

[1] The annual family deductible for this plan does not include an embedded individual deductible.
[2] Separate application required.

The undersigned is authorized by the above Small Employer Group to apply for or change group coverage offered by United HealthCare Insurance Company at the attached premium rates guaranteed for 12 months effective _____ and is authorized to enter into a Medical and Hospital Group Master Policy.

Further, the undersigned agrees to make full monthly premium payments to UnitedHealthcare for the benefits received in accordance with the terms of the contract.

Authorized Signature	Date
Print Name	Title

For renewals only, please fax to **Account Management Team Fax # 1-800-926-2951**

UNDERWRITING APPROVAL D.P. Only
INTERNAL USE ONLY: G.C. #

CALIFORNIA LAW PROHIBITS AN HIV TEST FROM BEING REQUIRED OR USED BY HEALTH CARE SERVICE PLANS AND INSURANCE COMPANIES AS A CONDITION OF OBTAINING COVERAGE.

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