

# Small Business Group Acceptance/Change Form



Effective January 1, 2010

<b>Please indicate reason for change:</b> <b>New Business:</b> <input type="checkbox"/> Acceptance of new coverage <b>Renewals:</b> <input type="checkbox"/> Acceptance of renewal with new renewal rates: <b>Group #</b> _____ <input type="checkbox"/> Change existing coverage: <b>Group #</b> _____	Source Code
	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 <b>ALL</b> employees working 20–29 hours per week? <input type="checkbox"/> Yes Effective Date _____ <input type="checkbox"/> No
---	--	--

**Check the package your group is enrolling in, then select the specific plans you wish to offer to employees. If enrolling in a stand-alone plan, select only one plan.**

**IMPORTANT: Choose a plan administration option. This will apply to all UnitedHealthcare plans:**  Policy Year  Calendar Year

Product	Plan Description	Plan Code	Pick a package then select the plan(s) available to employees. (Available for groups with 5 or more enrolling employees)					Stand-Alone Plan Options
			UnitedHealthcare Multi-Choice <sup>SM</sup> Packages					
			with PacifiCare HMO	with PacifiCare HMO Advantage	with HealthCare Partners & PacifiCare HMO	with HealthCare Partners & PacifiCare HMO Advantage	UnitedHealthcare PremierSource	
PacifiCare SignatureValue <sup>®</sup> HMO	10-30/100	PC-F	<input type="checkbox"/>					<input type="checkbox"/>
PacifiCare SignatureValue HMO	15-30/300a	PC-G	<input type="checkbox"/>					<input type="checkbox"/>
PacifiCare SignatureValue HMO	10-30/500d <sup>1</sup>	PC-H	<input type="checkbox"/>					<input type="checkbox"/>
PacifiCare SignatureValue HMO	20-40/500d <sup>1</sup>	PC-I	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
PacifiCare SignatureValue HMO	35-45/600d <sup>1</sup>	PC-J	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
PacifiCare SignatureValue HMO	20-40/1500ded <sup>1</sup>	PC-K	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
PacifiCare SignatureValue <sup>®</sup> Advantage HMO	10-30/100	PC-L		<input type="checkbox"/>				<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	15-30/300a	PC-M		<input type="checkbox"/>				<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	10-30/500d <sup>1</sup>	PC-N		<input type="checkbox"/>				<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	20-40/500d <sup>1</sup>	PC-O		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	35-45/600d <sup>1</sup>	PC-P		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	20-40/1500ded <sup>1</sup>	PC-Q		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PacifiCare SignatureValue Advantage HMO	40-60/2000ded <sup>1</sup>	PC-R		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PacifiCare SignatureValue <sup>®</sup> HealthCare Partners Network HMO	25-50/500ded <sup>1,2</sup>	PD-G			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
PacifiCare SignatureValue HealthCare Partners Network HMO	25-75/500ded <sup>1,2</sup>	PD-F			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
PacifiCare SignatureValue HealthCare Partners Network HMO	25-75/1500ded <sup>1,2</sup>	PD-H			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Traditional with Deductible	20/250/90%	C3-J	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
UnitedHealthcare Choice Plus Traditional with Deductible	30/250/80%	D6-X	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
UnitedHealthcare Choice Plus Traditional with Deductible	30/500/80%	C3-M	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
UnitedHealthcare Choice Plus Traditional with Deductible	40/500/70%	C3-R	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	20/3000/90%	C3-I	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	30/1000/80%	C3-K	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	30/2500/80%	C3-L	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	40/1000/70%	C3-P	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	40/1500/70%	C3-Q	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	40/1000/50%	C3-N	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced	40/2000/50%	C3-O	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced Value	20/3000/90%	D6-L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced Value	30/1000/80%	D6-M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced Value	30/2500/80%	D6-N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced Value	40/1000/70%	D6-Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced Value	40/1500/70%	D6-R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced Value	40/1000/50%	D6-O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Balanced Value	40/2000/50%	D6-P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Group Name \_\_\_\_\_

Product	Plan Description	Plan Code	Pick a package then select the plan(s) available to employees. (Available for groups with 5 or more enrolling employees)					Stand-Alone Plan Options
			UnitedHealthcare Multi-Choice Packages					
			with PacifiCare HMO	with PacifiCare HMO Advantage	with HealthCare Partners & PacifiCare HMO	with HealthCare Partners & PacifiCare HMO Advantage	UnitedHealthcare PremierSource	
UnitedHealthcare Choice Plus Definity <sup>SM</sup> HSA	2000/100%	D6-K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HSA	1500/80%	C3-Z	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HSA (embedded)	2850/80%	D6-I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HSA	2850/80%	D6-J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HSA (embedded)	3000/70%	C3-X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HSA	3500/70%	C3-Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HRA	2000/90%	C3-W	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HRA	1500/80%	C3-U	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HRA	2500/80%	C3-V	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HRA	2000/70%	C3-S	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
UnitedHealthcare Choice Plus Definity HRA	3000/70%	C3-T	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

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

When adding or revising plans at renewal, underwriting approval is required.

<sup>1</sup> By electing this plan, the Group has chosen not to offer Infertility Services to its employees. The Group understands that PacifiCare covers Infertility Services in other Small Business plans.

<sup>2</sup> When offered alongside the PacifiCare HMO HealthCare Partners Network product, the HMO or HMO Advantage product is only available to employees who do not live and do not work in the HealthCare Partners Network service area. For groups with <5 enrolling employees, only one HMO or one HMO Advantage plan may be offered to employees who do not live and do not work in the HealthCare Partners Network service area alongside one PacifiCare HMO HealthCare Partners Network plan.

**Please answer the following:**

Do you currently offer or intend to offer a Health Reimbursement Account (HRA) plan and/or voluntary or involuntary supplemental medical insurance alongside a UnitedHealthcare medical plan? Answers must be accurate whether purchased from UnitedHealthcare or any other insurer/health care service plan or third-party administrator.

HRA  Yes  No If yes, please identify type:  Definity<sup>SM</sup> Standard HRA  Definity Select HRA  Other Administrator HRA

If you answered "Yes" for HRA, you must choose from the list of Definity HRA-eligible benefit plans as shown to you by your broker or agent. Other plans are not eligible for pairing with a Health Reimbursement Account (HRA).

Supplemental Insurance/Health Plan Coverage  Yes  No

Supplemental medical insurance is not permitted alongside any UnitedHealthcare plan. If answered "Yes" for Supplemental, coverage will not be approved. If answered "No", and purchased subsequently, coverage is subject to termination.

**Supplemental Benefits**

**Group Term Life**

Add<sup>1</sup>  Cancel  
 Renew  Change<sup>1</sup>

<sup>1</sup> Separate application required.

**Chiropractic/Acupuncture**

Supplemental Chiropractic/Acupuncture through an arrangement with ACN Group of California, Inc. (For all PacifiCare SignatureValue products).  
 Add  Cancel  Renew

**Other Coverage (required)**

**Domestic Partners Coverage**

All UnitedHealthcare and PacifiCare plans include Domestic Partner coverage as required by state law.

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
<p>For renewals only, please fax to <b>Account Management Team Fax # 1-800-926-2951</b></p> <p><b>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.</b></p>	
<p><b>UNDERWRITING APPROVAL</b></p> <p>INTERNAL USE ONLY: G.C. # _____</p> <p style="text-align: right;"><small>D.P. Only</small></p>	

