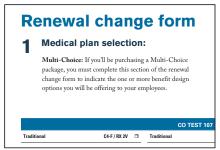
Decide

It's time to select your coverage and determine which plan(s) are best for your business.

Select medical plan options that you will be offering your employees.



Note: If you are renewing onto a Navigate® or Charter product (including Navigate®, Navigate® Balanced, Navigate® Plus Charter, Charter Balanced or Charter Plus), each subscriber will need to identify a Primary Care Physician (PCP), near the subscriber's permanent residence, for themselves and each of their dependents. Please contact your broker or UnitedHealthcare renewal representative to obtain the PCP election form and submit the completed form along with the renewal change

Change or add specialty coverages.

2	Specialty product selection:								
	In addition	UnitedHealthcare has a comprehensive product portfolio with In addition to dental, vision and life we also offer short-term at out to your Renewal Account Executive.							
	Basic Life/	No Change	Add	Change	Benefit level				
	AD&D				\$				
		No Change	Add	Change	Plan name				
	Dental								
		No Change	Add	Change	Plan name				
	Vision								

Sign and send your renewal change form.

3	Sign and send: I understand that non-medical coverage, if any, will be insured its affiliates.			
	Full legal name of employer/firm:			
	Date signed:			
	(month/day/year)			
	Signed by: (Employer signature)			
	Submit Renewal change form			

Federal regulation requires that you update your group's COBRA/Medicare status at the beginning of each calendar year, to be effective January 1. Changes are based upon the prior year employee count. If you would like to confirm your current COBRA or Medicare status or make an update for January 1st, please contact us at 1-888-UHC-HLP1 (1-888-842-4571) between 7 a.m. and 6 p.m. Central Time, Monday through Friday.

rm

If your employees are offered more than one medical option, pl submit this form to report the option they've selected. For eas selected, write the plan code name under the appropriate colun ("Renewal Plan 1-4"). Mark the box for each employee's name to the medical plan they've elected. If you offer more than 4 plans, use the last column marked "Or write in the additional plan code on the same row as the employee that the plans is the same row as the employee.								
	Covered Employee		Member #	Current Medical Plan	plans must m Renewal Plan			
ARCHIE		SHARMA	980443460	C8-1/FP	-			
ARCHIE		SHARMA	980698687	C8-2/FP				

Sign and send your employee plan selection form.

