

Employer Plan Year/Policy Year Change Request Form

This Certification and Notice is to be used by a UnitedHealthcare customer to inform us of a change in its Plan Year and to notify us of its intent to renew an existing policy in order to align the coverage with the new Plan Year.*

Part I: Certification of Plan Year Change

This is to certify to UnitedHealthcare that our group health plan has taken all necessary actions to change its Plan Year to a new twelve (12) consecutive month period as indicated below.

New Plan Year effective date: _____

Signature of Group Policy Holder _____ Date _____

Part II: Notice of Early Renewal

This is to certify to UnitedHealthcare that our group health plan's intent to renew its existing group coverage prior to the normal termination date.

UnitedHealthcare and group health plan will have all the same rights and obligations on the early renewal date noted below as with any other renewal.

I understand that if the subscriber or family deductibles under my coverage accumulate on a non-calendar basis, any such amounts will be forfeited on the date of Policy Year change, absent an express carry-forward provision in the policy.

Early Renewal Date: _____

Signature of Group Policy Holder _____ Date _____

Customer Name _____ Customer ID # _____

* Plan Year is the twelve consecutive month period of time under which the Plan is maintained and is determined by reference to your plan document.

