

Change Form for UnitedHealthcare

Please complete the form in full and e-mail to cac@uhcservices.com. We are unable to process incomplete forms.

Group Information

Please indicate your group information.

Group name: _____

Group tax ID: _____ Group policy # _____

Group phone :(_____) _____ Group fax :(_____) _____

Change in group's primary business address:

Street: _____

City: _____ State _____ ZIP _____

Change in group's benefit administrator or other contacts.

Health Insurance Portability and Accountability Act (HIPAA) privacy guidelines limit the persons to whom we may provide access to certain health information regarding your group. By completing this form, you are helping us prohibit access to protected personal and/or group-level information by unauthorized users. By adding any individual designated to receive PHI, you are potentially granting the individual access to protected group information.

Code	Name of contact	Type of Contact	E-mail Address	Welcome Letter Change	Website Access	Check Register*
A= Add D= Delete U= Update Select one	First & Last	P= Plan Admin B= Broker Select one		Yes / No Select one	Yes / No Select one	Yes / No Select one <small>**Note: Only 2 Individuals may receive the check registers. Check register are only produced for reimbursement products</small>
<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> U		<input type="checkbox"/> P <input type="checkbox"/> B		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> U		<input type="checkbox"/> P <input type="checkbox"/> B		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> U		<input type="checkbox"/> P <input type="checkbox"/> B		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> U		<input type="checkbox"/> P <input type="checkbox"/> B		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Change in group name or tax ID:

New group name: _____

New tax ID number: _____

Authorization Information

Please provide the name and title of the person authorizing this update.

Name: _____

Title: _____