

**Date:**

**Subject: Adding or deleting a GA to a Current UHC policy**

Thank you for choosing UnitedHealthcare to administer your group benefits. Please review the following terms related to your requested to add or take off a General Agent to your current policy. Please sign, date and return to your broker and UHC Account Manager.

Terms of your mid-year General Agent attachment

1. All requests to have a General Agent added or removed require the group to be cancelled under current Policy Number(s) and reinstalled
2. Group will receive new Customer Number
3. Group will receive new Policy Number(s)
4. Members will receive new ID cards
5. If the group currently has deductibles within their benefits, all deductibles will be reset. They will not roll over to the new policy number.
6. Members will be required to re-register on [www.myuhc.com](http://www.myuhc.com) with new Policy Number
7. If adding a General Agent the group will no longer have access to the enrollment on Employer E Services.
8. If removing a General Agent, group will have access to Employer eservices and will be required to register with new user name and password that will be provided. The group will be responsible for logging in for all services including monthly billing.
9. Group will receive new Certificates of Coverage documents via [www.employereservices.com](http://www.employereservices.com) (employers) and [www.myuhc.com](http://www.myuhc.com) (members)
10. If adding a General Agent the Group's billing and all eligibility will now be done by the General Agent. No changes can be made in the UHC systems or by UHC directly. If the group is deleting the General Agent, all enrollments and disenrolls can be done via [www.employereservices.com](http://www.employereservices.com).
11. Prior claims will only display with the old Policy Number and Member ID for 90 days.
12. The reinstall process can take up to 5 days where members may have an interruption of current services and prescriptions.

I understand and agree to the above-mentioned terms.

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

Benefit Administrator Name (printed): \_\_\_\_\_

Benefit Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Representative Name (printed): \_\_\_\_\_

Broker Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_