

# California Small Business Group Acceptance/Change Form



Effective November 1, 2011

<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 Number Employed: \_\_\_\_\_

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
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**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  
**Choose this plan option if you are required to comply with the Federal Mental Health Parity and Addiction Equity Act (MHPAEA):**  MHPAEA Compliant Plans

Plan	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 UnitedHealthcare SignatureValue <sup>SM</sup> (HMO) or UnitedHealthcare SignatureValue Advantage (HMO) <sup>3</sup>	with UnitedHealthcare SignatureValue (HMO) and UnitedHealthcare SignatureValue Advantage (HMO) <sup>3</sup>	UnitedHealthcare PremierSource <sup>3</sup>	with UnitedHealthcare SignatureValue featuring HealthCare Partners (HMO) <sup>3</sup>	
UnitedHealthcare Choice Plus Traditional	20/250/90%	J3-A	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Traditional	30/250/80%	J3-D	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Traditional	30/500/80%	J3-F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Traditional	40/500/70%	J3-K	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	30/1000/80%	J3-C	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	40/1000/70%	J3-I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	40/1000/50%	6Z-A	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	40/1500/70%	J3-J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	40/2000/50%	6Z-B	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	30/3000/70%	6Z-C	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	40/4000/60%	6Z-D	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced	50/5000/50%	6Z-E	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced Value	40/1000/70%	6Z-G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced Value	40/1500/70%	6Z-H	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced Value	40/2000/50%	6Z-F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus Balanced Value	40/5000/70%	6Z-I	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus HSA	1500/80%	J3-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare Choice Plus HSA	2000/100%	J3-N	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus HSA	2000/90%	6Z-J	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus HSA	2000/80%	J3-Z	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus HSA	3000/100%	J3-O	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus HSA	3000/90%	6Z-K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare Choice Plus HSA	3000/80%	J3-L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare Choice Plus HSA	4000/80%	J3-M	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus HRA <sup>4</sup>	2000/70%	J3-V	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Choice Plus HRA <sup>4</sup>	3000/70%	J3-W	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
UnitedHealthcare Non-Differential PPO	2000/80%	6H-H	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			And	And	And	And	
UnitedHealthcare SignatureValue (HMO)	10-30/100%	PC-F	<input type="checkbox"/>			<input type="checkbox"/>	
UnitedHealthcare SignatureValue (HMO)	15-30/300a	PC-G	<input type="checkbox"/>			<input type="checkbox"/>	
UnitedHealthcare SignatureValue (HMO)	20-40/300d <sup>1</sup>	PD-I	<input type="checkbox"/>			<input type="checkbox"/>	
UnitedHealthcare SignatureValue (HMO)	30-40/500d <sup>1</sup>	PD-J	<input type="checkbox"/>			<input type="checkbox"/>	
UnitedHealthcare SignatureValue (HMO)	40-60/800d <sup>1</sup>	PD-K	<input type="checkbox"/>			<input type="checkbox"/>	
UnitedHealthcare SignatureValue (HMO)	20-40/1500ded <sup>1</sup>	PC-K	<input type="checkbox"/>			<input type="checkbox"/>	
UnitedHealthcare SignatureValue (HMO)	40-60/60% <sup>1</sup>	PC-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare SignatureValue (HMO)	20-40/70%/1500ded <sup>1</sup>	PD-M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UnitedHealthcare SignatureValue (HMO)	40-60/70%/2000ded <sup>1</sup>	PD-N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

			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				
Plan	Plan Description	Plan Code	with UnitedHealthcare SignatureValue <sup>SM</sup> (HMO) or UnitedHealthcare SignatureValue Advantage (HMO) <sup>3</sup>	with UnitedHealthcare SignatureValue (HMO) and UnitedHealthcare SignatureValue Advantage (HMO) <sup>3</sup>	UnitedHealthcare PremierSource <sup>3</sup>	with UnitedHealthcare SignatureValue featuring HealthCare Partners (HMO) <sup>3</sup>	Groups <5 Employees
			Or	And	Or	Or	
UnitedHealthcare SignatureValue Advantage (HMO)	10-30/100%	PC-L	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare SignatureValue Advantage (HMO)	15-30/300a	PC-M	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare SignatureValue Advantage (HMO)	20-40/300d <sup>1</sup>	PD-T	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare SignatureValue Advantage (HMO)	30-40/500d <sup>1</sup>	PD-O	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare SignatureValue Advantage (HMO)	40-60/800d <sup>1</sup>	PD-P	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare SignatureValue Advantage (HMO)	20-40/1500ded <sup>1</sup>	PC-Q	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare SignatureValue Advantage (HMO)	40-60/2000ded <sup>1</sup>	PC-R	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
UnitedHealthcare SignatureValue Advantage (HMO)	40-60/60% <sup>1</sup>	PC-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare SignatureValue Advantage (HMO)	20-40/70%/1500ded <sup>1</sup>	PD-R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
UnitedHealthcare SignatureValue Advantage (HMO)	40-60/70%/2000ded <sup>1</sup>	PD-S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>And</b>							
UnitedHealthcare SignatureValue HealthCare Partners Network (HMO)	25-50/500ded <sup>1,2</sup>	PD-G				<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare SignatureValue HealthCare Partners Network (HMO)	25-75/500ded <sup>1,2</sup>	PD-F				<input type="checkbox"/>	<input type="checkbox"/>
UnitedHealthcare SignatureValue HealthCare Partners Network (HMO)	25-75/1500ded <sup>1,2</sup>	PD-H				<input type="checkbox"/>	<input type="checkbox"/>

Plan Coverage: All UnitedHealthcare plans are underwritten by UnitedHealthcare 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 UnitedHealthcare covers Infertility Services in other Small Business plans.
- <sup>2</sup> When offered alongside the UnitedHealthcare SignatureValue featuring HealthCare Partners Network product, the UnitedHealthcare SignatureValue (HMO) or UnitedHealthcare SignatureValue Advantage (HMO) 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 UnitedHealthcare SignatureValue (HMO) or one UnitedHealthcare SignatureValue Advantage (HMO) plan may be offered to employees who do not live and do not work in the HealthCare Partners Network service area alongside one UnitedHealthcare SignatureValue featuring HealthCare Partners Network plan.
- <sup>3</sup> With the exception of the "Multi-Choice Package with UnitedHealthcare SignatureValue (HMO) and UnitedHealthcare SignatureValue Advantage (HMO)", the Group must select either the HMO or HMO Advantage plan(s) within each package. Groups outside the UnitedHealthcare SignatureValue Advantage (HMO) Network service area are not eligible for the UnitedHealthcare SignatureValue Advantage (HMO) product.
- <sup>4</sup> HRA-eligible benefit 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:  Standard HRA  Select HRA  Other Administrator HRA

If you answered "Yes" for HRA, you must choose from the list of 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 OptumHealth Care Solutions, Inc. (for all UnitedHealthcare SignatureValue products).  
 Add  Cancel  Renew

**Substance Use Disorder Services**

Supplemental Substance Use Disorder Services through an arrangement with U.S. Behavioral Health Plan, California (for all UnitedHealthcare SignatureValue products).  
 Add  Cancel  Renew

**Mental Health Parity Benefits**

Mental Health and Substance Use Disorder supplemental benefits for groups with less than 51 total employees (for all UnitedHealthcare Choice Plus and Non-Differential PPO products). Mental Health Parity benefits and associated premium rates automatically apply to groups with 51 or more total employees.  Add  Cancel  Renew

**Other Coverage (required)**

**Domestic Partners Coverage**

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

The undersigned is authorized by the above Small Business 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
<b>UNDERWRITING APPROVAL</b>	
<small>D.P. Only</small>	
<b>INTERNAL USE ONLY: G.C. #</b>	

For renewals only, please fax to **Account Management Team Fax # 1-877-296-9853.**  
**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.**

