

Employer Application for Small Business

Texas



UnitedHealthcare Insurance Company
UnitedHealthcare of Texas, Inc.
National Pacific Dental, Inc.

To avoid processing delays, please make sure you:

- 1 Answer all questions completely and accurately.
- 2 Complete and submit the Product and Benefit Selection Form, if applicable.
- 3 Submit the most recent billing statement listing those currently insured and current status.
- 4 Submit most recent wage and tax information.
- 5 Include a deposit check for any required premiums.
- 6 **DO NOT CANCEL YOUR EXISTING COVERAGE UNTIL YOU RECEIVE WRITTEN NOTIFICATION OF APPROVAL.**

Notice for Small Employers:

You have the option to choose this Consumer Choice of Benefits Health Insurance Plan or Health Maintenance Organization health care plan that, either in whole or in part, does not provide state-mandated health benefits normally required in evidences of coverage in Texas. This standard health benefit plan may provide a more affordable health plan for you although, at the same time, it may provide you with fewer health plan benefits than those normally included as state-mandated health benefits in Texas. If you choose this standard health benefit plan, please consult with your insurance agent to discover which state-mandated health benefits are excluded in this evidence of coverage.

Requested Effective Date

General Information

Group's Legal Name

Group Name to appear on ID card (maximum 30 characters)

Street Address

Tax ID

City

State

Zip Code

Names of Owners/Partners (if applicable)

Internet access?
 Yes No

Contact Person

Email Address

of Years
in Business

Billing Address (If Different)

Telephone

Fax

Multi-Location Group*
 Yes No

Locations

Address(es) (or list on additional sheet of paper)

*If the majority of your employees are not located in your state of application, UnitedHealthcare policies and/or state law may require that your policy be written out of a different state and/or that your benefit plans vary.

Organization Type Partnership C-Corp S-Corp LLC LLP
 Sole Proprietor Other

Medical Benefit
Plan Option
 Calendar Year
 Policy Year

Domestic Partner Coverage
 Yes No

Did you have any employees other than yourself and your spouse during the preceding calendar year? Yes No

Waiting Period for new hires

- 1st of Policy Month following Date of Hire
- 1st of Policy Month following ___ months days of employment
- Date of Hire (no waiting period)
- ___ months days of employment following Date of Hire

(Waiting period for medical coverage cannot exceed 90 days)

Waiting Period
for initial enrollees
 Yes No

Classes Excluded: None Union Hourly
(Does not apply to Non-Management Salary health benefit plans.)

Nature of Business

Industry (SIC) Code

Have Workers' Comp
 Yes No

Workers' Comp Carrier Name

Names of Owners/Partners not covered by Workers' Comp:

Names of Persons currently on COBRA/Continuation, and/or Short/Long Term Disability:

See Attached List None

By checking this box, I acknowledge that I do NOT want UnitedHealthcare to act as my COBRA or state continuation of coverage administrator.

Coverage Provided by "UnitedHealthcare and Affiliates":

Medical coverage provided by UnitedHealthcare Insurance Company (PPO, Indemnity) or UnitedHealthcare of Texas, Inc. (HMO)

Dental coverage provided by UnitedHealthcare Insurance Company (Indemnity), National Pacific Dental, Inc. (HMO)

Life, Short-Term Disability (STD), Long-Term Disability (LTD) Insurance coverage provided by UnitedHealthcare Insurance Company

Vision coverage provided by UnitedHealthcare Insurance Company

Group Name _____

Participation		# Employees Applying for:		# Employees Waiving for:		Contribution		Employer %	Employer % for Dep
# Eligible Employees		Medical		Medical		Medical			
# Ineligible Employees		Dental		Dental		Dental			
Total # Employees		Vision		Vision		Vision			
# Hours per week to be eligible**		Basic Life/AD&D		Basic Life/AD&D		Basic Life/AD&D			
		Dep Life		Dep Life		Dep Life			
# Hours per week to be eligible for Disability coverage if different from above***		Supp Life/AD&D		Supp Life/AD&D		Supp Life/AD&D			
		Supp Dep Life/AD&D		Supp Dep Life/AD&D		Supp Dep Life/AD&D			
		STD		STD		STD			
		LTD		LTD		LTD			
		Other		Other		Other			

**A person is considered an eligible employee if the employee usually works at least 30 hours per week.

***For Disability products the minimum # of work hours per week to be eligible is 30 hours.

General Information (continued)

Yes
 No

Subject to ERISA? (Most private sector plans are ERISA plans)

If No, please indicate appropriate category:

<input type="checkbox"/> Church (Additional information needed)	<input type="checkbox"/> Federal Government
<input type="checkbox"/> Indian Tribe – Commercial Business	<input type="checkbox"/> Non-Federal Government (State, Local or Tribal Gov.)
<input type="checkbox"/> Foreign Government/Foreign Embassy	<input type="checkbox"/> Non-ERISA Other _____

Do you continue medical coverage during a leave of absence (not including state continuation or COBRA coverage), and if so, for how long once an employee begins a leave of absence? (Please refer to the applicable state and federal rules that may require benefits to be provided for a specific length of time while an employee is on leave.)

- Last Day worked (following the last day worked for the minimum hours required to be eligible)
- 3 Months (following the last day worked for the minimum hours required to be eligible)
- 6 Months (following the last day worked for the minimum hours required to be eligible)
- UnitedHealthcare Policy Special Provisions Related to Medical Eligibility(a)
- No, we do not offer medical coverage during a leave of absence

(a) UnitedHealthcare Special Provisions Related to Medical Eligibility

If the employer continues to pay required medical premiums and continues participating under the medical policy, the covered person's coverage will remain in force for: (1) No longer than 3 consecutive months if the employee is: temporarily laid-off; in part time status; or on an employer approved leave of absence. (2) No longer than 6 consecutive months if the employee is totally disabled.

If this coverage terminates, the employee may exercise the rights under any applicable Continuation of Medical Coverage provision or the Conversion of Medical Benefits provision described in the Certificate of Coverage.

(b) The Employer's decision to refuse to offer coverage cannot be based upon health status related factors.

Consumer Driven Health Plan Options

Health Savings Account (if selected): Which bank will be used: OptumBank Other

Do you currently offer or intend to offer a Health Reimbursement Account (HRA) plan and/or comprehensive supplemental insurance policy or funding arrangement in addition to this UnitedHealthcare medical plan?

Answers must be accurate whether purchased from UnitedHealthcare or any other insurer or third party administrator.

HRA Yes No

If yes, please identify type: UnitedHealthcare HRA (any HRA design offered through UnitedHealthcare) Other Administrator HRA
HRA plans administered by other insurers or third party administrators must comply with UnitedHealthcare HRA design standards.

Comprehensive Supplemental Insurance Policy or Funding Arrangement Yes No

If you answered "Yes" to either question above, you must choose from the list of UnitedHealthcare HRA-eligible medical plans as shown to you by your broker or agent. Other plans are not eligible for pairing with these arrangements. Purchase of such arrangements at any point during the duration of this policy will require you to notify UnitedHealthcare.

Group Name _____

Texas Mandatory Disclosure Statement:

Dental indemnity benefits are provided through UnitedHealthcare Insurance Company and Dental HMO (DHMO) benefits are offered through National Pacific Dental, Inc. In order to receive benefits from the DHMO plan, an enrollee must utilize only network providers, except for emergency dental care, and pay the copayments specified in the evidence of coverage. To receive benefits under the dental indemnity plan, the enrollee may utilize any provider but prior to receiving reimbursement, the enrollee must meet the required deductible and is responsible for the coinsurance amount specified in the policy or certificate.

Important Information

I understand that the Certificate of Coverage or Summary Plan Description, and other documents, notices and communications regarding the coverage indicated on this application may be transmitted electronically to me and to the Group's employees.

I represent that, to the best of my knowledge, the information I have provided in this application – including information regarding qualified beneficiaries and dependents who have elected continuation under COBRA or state continuation laws – is accurate and truthful. I understand that UnitedHealthcare and Affiliates will rely on the information I provide in determining eligibility for coverage, setting premium rates, and other purposes, and that any intentional misrepresentation, fraudulent statement, or omission that constitutes fraud may result in rescission of the group policy, termination of coverage, increase in premiums retroactive to the policy date, or other consequences as permitted by law.

Knowingly or willfully presenting a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presenting false information, or concealing information for the purpose of misleading, in an application for insurance, is a crime punishable by fines and confinement in prison.

In some instances, we pay brokers and agents (referred to collectively as "producers") compensation for their services in connection with the sale of our products, in compliance with applicable law. In certain states, we may pay "base commissions" based on factors such as product type, amount of premium, group/company size and number of employees. These commissions, if applicable, are reflected in the premium rate. In addition, we may pay bonuses pursuant to programs established to encourage the introduction of new products and provide incentives to achieve production targets, persistency levels, growth goals or other objectives. Bonus expenses are not directly reflected in the premium rate but are included as part of the general administrative expenses. Please note we also make payments from time to time to producers for services other than those relating to the sale of policies (for example, compensation for services as a general agent or as a consultant).

Producer compensation may be subject to disclosure on Schedule A of the ERISA Form 5500 for customers governed by ERISA. We provide Schedule A reports to our customers as required by applicable federal law. For specific information about the compensation payable with respect to your particular policy, please contact your producer.

Signature

Group Authorized Signature	Title	Date
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Producer Information (if applicable)

Writing Producer Name	Writing Producer SSN	Is the Producer appointed with UHC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
All Payments to:	CRID Code (for internal use)	Tax ID#	If more than 1 Producer*, Split _____%
Street Address	City	State	Zip Code
Producer Phone #	Producer Email Address	Producer Fax Number	

The contents of this application were fully explained during a meeting with the Group submitting this application. Coverage, eligibility, pre-existing condition limitations, the effect of misrepresentations, and termination provisions were discussed.	Producer Signature	Date
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*If more than one Producer, provide the second Producer's information on an additional sheet of paper.

UHC Sales Representative/Account Executive

Sales Representative or Account Executive (First & Last Name)

General Agent Information (if applicable)

General Agent	Phone #	Franchise Code	
Street Address	City	State	Zip Code

1250 Capital of Texas Hwy South
Building One, Ste. 250
Austin, TX 78746

2000 W. Loop South
Suite 900
Houston, TX 77027

5800 Granite Parkway
Ste. 900
Plano, TX 75024

6200 Northwest Parkway
San Antonio, TX 78249