



Employer Authorization for the Use and Disclosure of Employee Information

My employees have given their permission for me to disclose to United HealthCare Insurance Company and their affiliates (collectively, "UnitedHealthcare") the personal information concerning them and/or their dependents that is contained on any applications that they completed within the last 90 days for underwriting purposes of insurance coverage. They understand that the purpose of the disclosure and use of this information is to allow UnitedHealthcare to make decisions regarding eligibility, underwriting, and premium risk rating.

Employer Name: _____

Employer Group Signature: _____

Title: _____

Date: _____

UnitedHealthcare reserves the right to change the schedule of premiums applicable to the employer group based on updated, revised or additional information provided in the UnitedHealthcare applications, which will be completed prior to the final premium risk rating decision.