



UnitedHealthcare

A UnitedHealth Group Company

LATE PAPERWORK FORM

AGENTS: If you are submitting group enrollment paperwork 14 calendar days (or less) prior to the group's effective date, *this form must be filled out by the group administrator, signed and submitted with their COMPLETE paperwork.*

GROUP NAME: _____

ADDRESS: _____

We the undersigned understand that we are requesting a coverage date that will put our enrollment paperwork in UNITEDHealthCare's office 14 days (or less) prior to our effective date, and that delivery of our ID cards and system activation may occur after our effective date.

Upon approval of our request for insurance, we acknowledge that delivery of group ID cards and system activation may occur after our effective date.

CUSTOMER NAME (PLEASE PRINT): _____

SIGNATURE: _____

DATE: _____

AGENT NAME (PLEASE PRINT): _____

SIGNATURE: _____

DATE: _____

IT IS MANDATORY THAT BOTH THE CUSTOMER & AGENT SIGN THIS FORM!!

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