

# Decide

It's time to select your coverage and determine which plan(s) are best for your business.

## 1 Select medical plan options that you will be offering your employees.

### Renewal change form

**1 Medical plan selection:**

**Multi-Choice:** If you'll be purchasing a Multi-Choice package, you must complete this section of the renewal change form to indicate the one or more benefit design options you will be offering to your employees.

CO TEST 107

Traditional  C4-F / RX 2V  Traditional

Note: If you are renewing onto a Navigate<sup>®</sup> or Charter product (including Navigate<sup>®</sup>, Navigate<sup>®</sup> Balanced, Navigate<sup>®</sup> Plus Charter, Charter Balanced or Charter Plus), each subscriber will need to identify a Primary Care Physician (PCP), near the subscriber's permanent residence, for themselves and each of their dependents. Please contact your broker or UnitedHealthcare renewal representative to obtain the PCP election form and submit the completed form along with the renewal change form.

## 4 Fill out the employee plan selection form.

**4** If your employees are offered more than one medical option, please submit this form to report the option they've selected. For each selected, write the plan code name under the appropriate column ("Renewal Plan 1-4"). Mark the box for each employee's name to the medical plan they've elected. If you offer more than 4 plans, use the last column marked "Other" and write in the additional plan code on the same row as the employee's name.

Covered Employee	Member #	Medical plans must n	
		Current Medical Plan	Renewal Plan
ARCHIE SHARMA	980443460	C8-1/FP	<input type="checkbox"/>
ARCHIE SHARMA	980639687	C8-2/FP	<input type="checkbox"/>

## 5 Sign and send your employee plan selection form.

**5 Sign and send:**

I understand that non-medical coverage, if any, will be insured through its affiliates.

Full legal name of employer/firm: \_\_\_\_\_

Date signed: \_\_\_\_\_  
(month/day/year)

Signed by: \_\_\_\_\_  
(Employer signature)

Submit

Employee plan selection form

## 2 Change or add specialty coverages.

**2 Specialty product selection:**

UnitedHealthcare has a comprehensive product portfolio with many options. In addition to dental, vision and life we also offer short-term term life insurance out to your Renewal Account Executive.

	No Change	Add	Change	Benefit level
Basic Life/AD&D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	No Change	Add	Change	Plan name
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	No Change	Add	Change	Plan name
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## 3 Sign and send your renewal change form.

**3 Sign and send:**

I understand that non-medical coverage, if any, will be insured through its affiliates.

Full legal name of employer/firm: \_\_\_\_\_

Date signed: \_\_\_\_\_  
(month/day/year)

Signed by: \_\_\_\_\_  
(Employer signature)

Submit

Renewal change form

Federal regulation requires that you update your group's COBRA/Medicare status at the beginning of each calendar year, to be effective January 1. Changes are based upon the prior year employee count. If you would like to confirm your current COBRA or Medicare status or make an update for January 1st, please contact us at **1-888-UHC-HLP1 (1-888-842-4571)** between 7 a.m. and 6 p.m. Central Time, Monday through Friday.