

# United eServices® Agency Administrator Add/Removal for Agency Principals/Owners

## Instructions

- 1 Enter all Information for the Agency and Agency Principal.
- 2 If Adding an Agency Administrator, check the box and enter all information.
- 3 If Removing an Agency Administrator, check the box and enter all information.
- 4 Review Terms of Submission and Electronic Signature; check I Agree box and date.
- 5 Agency Principal must email the completed form as an attachment from their email address. Forms from other email addresses will not be accepted. No handwritten copies will be accepted. Send the completed form to UeS\_Delegation@uhc.com.
- 6 Save a copy for your records.
- 7 Newly appointed Agency Administrators will find helpful training materials and reference guides within the United eServices Help and Training section.
- 8 If you have any questions or are in need of assistance, please contact your UnitedHealthcare Representative.

Agency Information		
Agency Name:	Agency Federal Tax ID# (mandatory):	Agency Principal Legal Name: (First, MI, Last)
Address: (Street, City, State, Zip)	Agency Producer Code:	Agency Principal Telephone Number:
		Agency Principal Email Address:
Add Administrator		
<input type="checkbox"/> Add Administrator	It the newly appointed agency administrator already registered with United eServices? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide their user name,  Please check one: <input type="checkbox"/> Broker/Agent <input type="checkbox"/> Office Staff	Agency Administrator Legal Name: (First, MI, Last)  Agency Administrator Telephone Number:  Agency Administrator Email Address:
Remove Administrator		
<input type="checkbox"/> Remove Administrator	Agency Administrator Legal Name (First, MI, Last):  Agency Administrator United eServices User Name, if known:	

### Terms of Submission and Electronic Signature

You hereby acknowledge that you have read and agree to the TERMS OF SUBMISSION and ELECTRONIC SIGNATURE (attached). This agreement will be kept on file with UnitedHealthcare. As a part of this process, a copy may be printed. Please print and maintain an executed copy of this United eServices Agency Administrator Add/Removal request for your records. UnitedHealthcare will also maintain an executed copy of this form.

I Agree                      Date:

### For Internal Use Only

United eServices Representative Name:  
 Registration Date:



# United eServices® Terms of Submission and Electronic Signature

Request for United eServices Agency Administrator Add/Removal Form for Principals/Owners Authorization:

The United eServices Agency Administrator Add/Removal form is the property of UnitedHealthcare and is a legally binding contract for the service of Delegation Management. Your electronic signature certifies that you are authorized to execute this form on behalf of the Agency identified on the form.

Please print and maintain an executed copy of this United eServices Agency Administrator Add/Removal form for your records. UnitedHealthcare will also maintain an executed copy of this form.

You hereby authorize UnitedHealthcare to grant access to the designated individual indicated on the form. You acknowledge that you are hereby granting the Administrator access to confidential and personal information. This information is maintained and/or provided by UnitedHealthcare and may include personal financial information of UnitedHealthcare agents protected under the Gramm-Leach-Bliley Act and/or protected health information (PHI) of UnitedHealthcare customers protected under the HIPAA Privacy Rule (among other applicable federal and state privacy laws). You certify that the Administrator has the authority to access such confidential information (including personal financial information and PHI) on behalf of the above-named Agency. You further acknowledge and agree that UnitedHealthcare has the right to monitor access to [www.unitedservices.com](http://www.unitedservices.com) for compliance with its security measures and may revoke such access at any time.

This authorization is to remain in full force and effect until UnitedHealthcare has received written notification from you of a request to terminate the Agency Administrator access of the individual.

## Electronic Signature:

Your electronic signature will be noted on this document by listing the statement below, with your name as submitter:

“By completing and submitting this form you hereby agree that your electronic signature (displayed to you upon final submission of this form) shall represent a valid execution with full binding effect. You also certify that you are submitting this request for Agency Administrator Add/Removal on your Agency’s behalf. You hereby certify that you are duly authorized to do so and are acting within the scope of your authority. By executing this form, you also agree, on behalf of your Agency, to all of the terms stipulated in the TERMS OF SUBMISSION document and acknowledge that you may be held criminally responsible for any misrepresentations or fraudulent statements contained in this request.”

