

A. GENERAL INFORMATION

1. FULL LEGAL NAME OF EMPLOYER: _____
2. STREET ADDRESS: (City, County, State, Zip Code) _____
3. FORM OF ORGANIZATION: Corporation Association Proprietorship Partnership
4. LIST ALL SUBSIDIARIES to be included: _____
5. EFFECTIVE DATE: _____

The Effective Date of the insurance is subject to approval of this application by UnitedHealthcare Insurance Company

B. TYPE OF INSURANCE ELECTED

	Yes	No	No. of Eligible Employees	Percent of Employee Contribution
Critical Illness Insurance				
Accident Insurance				

C. ADDITIONAL INFORMATION

1. Deposit submitted with application: _____ If the policy is issued, the deposit will apply towards the first month's premium
2. Will all or part of this policy replace similar coverage? Yes No
If Yes , show Carrier(s), Policy Numbers, and Termination Dates: _____
3. Do you currently provide comprehensive health insurance or health insurance under an HMO plan for all proposed insureds? Persons without such health insurance are not eligible for this Critical Illness insurance. Yes No

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

D. AGREEMENT

The Employer and UnitedHealthcare Insurance Company ("we", "us" or "our") agree that:

THE APPLICATION shall form the basis for and become part of any policy issued.

PREMIUM RATES shall: (1) be subject to all provisions in that policy; and (2) be binding on both Employer and us.

LIABILITY OF THE COMPANY – We will have no liability until this request has been approved at Our Administrative Office.

AUTHORITY OF AGENTS – No agent can change the terms of this request or any policy We issue. No agent can waive any of our rights or requirements or extend the time for any premium payments.

CHANGES AND CORRECTIONS – The acceptance of any policy issued on this request shall constitute ratification of any correction or amendment made by Us. Changes are an amendment to and form a part of the original request and any policy issued.

Dated at _____ this _____ day of _____, _____.

Employer: (full legal name) _____

Signature of Authorized Person: _____

Print Name and Title _____

Licensed Resident Agent (signature) _____

P.O. Box Address (including zip code) _____

Printed Name of Agent and License Number _____

FRAUD WARNING NOTICES: (Please review notice that applies in your state)

The following Notice applies to residents of Alabama:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

The following Notice applies to residents of California:

UnitedHealthcare may terminate your coverage and/or deny any claim under the policy if it is determined that you: knowingly, and with actual intent to deceive, presented false information in this application; and such statement was the basis for UnitedHealthcare's approval of your coverage under the policy.

The following Notice applies to residents of Connecticut:

Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

The following Notice applies to residents of Colorado:

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado division of insurance within the Department of Regulatory Agencies.

The following Notice applies to residents of District of Columbia:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

The following Notice applies to residents of Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

The following Notice applies to residents of Hawaii:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

The following Notice applies to residents of Kansas:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of fraud as determined by a court of law.

The following Notice applies to residents of Kentucky:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

The following Notice applies to residents of Maine:

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

The following Notice applies to residents of Maryland:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The following Notice applies to residents of New Jersey:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The following Notice applies to residents of New Mexico:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

The following Notice applies to residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The following Notice applies to residents of Ohio:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

The following Notice applies to residents of Oklahoma:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

The following Notice applies to residents of Oregon:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

The following Notice applies to residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties

The following Notice applies to residents of Vermont:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information may be guilty of a crime.

The following Notice applies to residents of Virginia:

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete, or misleading information may have violated state law.

The following Notice applies to residents of Tennessee and Washington:

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The following Notice applies to residents of all other states:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

UnitedHealthcare Insurance Company (UHIC) Electronic Delivery Consent Notice

UHIC is required to provide certain information to the Employer before the Employer agrees to receive electronic communications.

This notice applies to all Internet-based communications from UHIC, including email, website and mobile applications.

Electronic communications include, but are not limited to:

- Group Contracts (including Policy documents, Certificate of Coverage (“Certificates”) any attached Application, and any Certificate Rider, endorsement or amendment.

Electronic Delivery of Communications

By choosing electronic delivery the Employer will receive communications electronically instead of receiving a paper copy.

The types of communications available electronically are subject to change, and if additional communications become available in an electronic format, the Employer will receive those communications electronically. Occasionally, in addition to electronic communications the Employer may also receive a hard copy document.

By completing this UHIC Electronic Delivery Consent Notice and returning to sender, the Employer acknowledges receipt and accepts the terms of such Notice.

This consent remains in effect until it is withdrawn. The Employer may withdraw their consent at any time by notifying their UHIC Strategic Account Manager.

The Employer has the option to request that UHIC provide the printed Group Contract and/or a supply of printed Certificates for the Employer to distribute to each Employee. A request for the printed Group Contract and/or a supply of printed Certificates can be made on the New Case Information Checklist that UHIC will send to the Employer for completion, prior to producing the Group Contract.

If UHIC attempts to deliver information to an email address the Employer provides and the message is returned as undeliverable after several attempts, UHIC will assume that consent for electronic delivery has been withdrawn and will begin sending the information in a paper format. You can update your email address by contacting your UHIC Strategic Account Manager.

The Employer may contact us through their UHIC Strategic Account Manager, or our toll free number 1-866-615-8727.

Group Authorized Person's Name (Print):
Group Authorized Person's Signature:
Group Authorized Person's Email Address:

Requirements to Access and Retain Information

In order to receive and retain electronic communications, the Employer must have access to a computer or other device which is capable of accessing the Internet and must have software which permits the access of Portable Document Format or “PDF” files, such as Adobe Acrobat Reader® version 6.0 or higher (available for downloading at <http://get.adobe.com/reader>). Click here for the list of supported: [browsers](#)