

## Group Information Update Form

Email completed form to [ClientServiceOperations@uhc.com](mailto:ClientServiceOperations@uhc.com)

Once form is received, the timeframe for updating the information is 3 to 5 business days. Incomplete forms will not be returned and request will not be processed.

### Please indicate your group information.

\* Required fields

- \* Employer Group Name:
- \* Customer/Policy Number(s):
- \* Group Phone:
- \* Group Fax:

**Change Mailing Address** – Check box if mailing address needs to be updated and indicate new address below

New Physical Address:  
New City, State, Zip:

**Change Billing Address** – Check box if billing address needs to be updated and indicate new address below

New Billing Address:  
City, State, Zip:

### ADD NEW Group Plan Administrator

Check box to add a new Group Plan Administrator and provide name and email below:

Name:  
Email:

### REMOVE OLD Group Plan Administrator

Check box to remove a Group Plan Administrator then provide their name and email below:

Name:  
Email:

### Authorization Information

Please provide the name and title of the person authorizing this update.

- \* Printed Name of Company Officer:
- \* Title of Company Officer:

\* Signature of Company Officer: \_\_\_\_\_

**Health Insurance Portability and Accountability Act (HIPAA) privacy guidelines limit the persons to whom we may provide access to certain health information regarding your group. By completing this form, you are helping us prohibit access to protected personal and/or group-level information by unauthorized users.**

By adding any individual as Plan Administrator, you are potentially granting the individual access to protected group information. This form must be authorized by a Company Officer before any changes are made to the Plan Administrator information.