

UnitedHealthcare Pledge PlanSM

Enrollment Package Contents



Thank you for enrolling in the UnitedHealthcare Pledge PlanSM!

This enrollment package includes everything you need to become a member of the UnitedHealthcare Pledge Plan and to qualify for Advantage-level benefits.

Enrollment Requirements: General

- **Employee Enrollment Form:** Collects the information needed to enroll you and your family into the UnitedHealthcare Pledge Plan. Please complete all the information on this form and assign a Primary Care Physician (PCP) for each family member in Section B to qualify for Advantage-level benefits.
- **Special Enrollment Rights:** Outlines your rights to enroll in this plan under certain circumstances. Please keep this piece for your records.
- **Certificate of Group Health Plan Coverage:** Provides evidence of your prior health care coverage. Please complete all the information on this form.

Enrollment Requirements for Advantage-level Benefits

- **Enrollment Instructions/Deadlines to Qualify for Advantage-level Benefits:** Defines the required steps at enrollment to qualify for Advantage-level benefits. Also outlines deadlines for the submission of required forms based on enrollment date.
- **Health Risk Appraisal Form:** Captures information regarding your health profile. Please complete this in its entirety. Please note, this form cannot be photocopied. If you need additional forms, please call our dedicated service line at **1-800-573-0414**.
- **Member Pledge Form:** Acknowledges that you agree to participate in health-related, disease management and case management programs, as appropriate.
- **Advantage-level Benefits Checklist:** Lists the enrollment forms required to qualify for Advantage-level benefits for each enrolled adult, adolescent and child. Please complete this form and return it with the required documents.

Ongoing Participation Requirements for Advantage-level Benefits

- **Instructions for Ongoing Participation in Advantage-level Benefits/Deadlines:** Defines the required steps throughout Year 1 to retain Advantage-level benefits in Year 2. Also outlines deadlines for the submission of required forms based on enrollment date.

Please note that if your employer offers multiple benefit plans that you may choose or switch to any of these plans during the open enrollment period.

Insurance coverage provided by or through United HealthCare Insurance Company or its affiliates. Administrative services provided by United HealthCare Insurance Company, United HealthCare Services, Inc. or their affiliates.

- **Primary Care Physician (PCP) Checklist for Adults:** Allows your PCP to verify health information, such as body mass index (BMI) and smoking status. Please ask your PCP to complete and sign this form. You are also required to sign this form.
- **Primary Care Physician (PCP) Checklist for Adolescents:** Allows the PCP of enrolled adolescent members to verify health information, such as body mass index (BMI) and smoking status. Please ask the PCP to complete and sign this form. The parent or guardian of the enrolled adolescent is also required to sign this form.
- **Participation Commitment Form:** Confirms that you are participating in the appropriate health-related programs as identified by your Primary Care Physician (PCP) on your PCP Checklist. Please complete and sign this form.
- **Ongoing Participation in Advantage-level Benefits Checklist:** Lists the forms required throughout Year 1 to retain Advantage-level benefits in Year 2 for each enrolled adult, adolescent and child. Please complete this form and return it with the required documents.

Advantage-level Benefits Requirements for Late Enrollees

- **Instructions for Late Enrollees:** Defines the required steps to qualify for Advantage-level benefits.
- **Late Enrollee Checklist:** Lists the required forms to qualify for Advantage-level benefits for each enrolled adult, adolescent and child. Please complete this form and return it with the required documents.

Please return your completed documents to:

UnitedHealthcare
475 Kilvert St.
Warwick, RI 02886

UnitedHealthcare Pledge Plan
Dedicated Service Line
1-800-573-0414

