

Life Insurance Administration Guide

Thank you for selecting UnitedHealthcare as your life insurance benefit provider. We're happy to serve you.

This life insurance administration guide contains important information to help you administer your company life insurance plan. Access to the secure Employer eServices® website helps to make benefits administration faster and easier for you and your employees.

Following is a list of contact information and resources.

Resource	Website / Address	Phone / Fax
Employer eServices customer support Assistance with online navigation and technical support	EmployerServices.com²	1-800-651-5465
Customer service for benefit administrators¹ <ul style="list-style-type: none"> Enrollment / eligibility² Billing information and payment ¹ Make eligibility changes online at EmployerServices.com . If you don't have access to the Internet, please fax or mail eligibility changes to us. ² Employer eServices online administration may not be available to customers with 100 or more employees. Check with your UnitedHealthcare representative.	EmployerServices.com² Enrollment / Eligibility address UnitedHealthcare Specialty Benefits PO Box 30964 Salt Lake City, UT 84130-0964 Overnight mail UnitedHealthcare Specialty Benefits Prime eligibility 4050 South 500 West Salt Lake City, UT 84123 Billing address For billing address, please see your invoice remittance stub or call customer service.	1-888-842-4571 Fax: 1-248-733-6062
UnitedHealthcare Life <ul style="list-style-type: none"> Claims Forms 	Claims address UnitedHealthcare Specialty Benefits PO Box 7149 Portland, ME 04112-7149	1-888-299-2070 Fax: 1-888-980-0298
UnitedHealthcare Life and Disability-Evidence of Insurability (EOI)	Send EOI applications to: UnitedHealthcare Specialty Benefits Group Medical Underwriting Services PO Box 17829 Portland, ME 04112-8829	1-866-615-8727 Option 3, then Option 1 Fax: 855-290-5224 Email: EOI_Underwriting@uhc.com
Individual conversion unit Questions about conversion coverage	Health Reinsurance Management Partnership (HRMP) Life Conversion Facility 300 Rosewood Drive, Suite 250 Danvers, MA 01923	1-888-999-4767 Fax: 1-978-762-4767

Enrollment and eligibility information

Eligibility requirements

All newly hired eligible employees should be given the opportunity to apply for coverage within 31 days of the date the employee first becomes eligible. Please refer to your policy for exact eligibility requirements. Please follow your company eligibility policies for rehire and leave of absence situations.

Any employee and/or dependent who applies for life insurance more than 31 days after the date of eligibility is considered to be a late applicant.

Late applicants:

- Are required to submit evidence of insurability for themselves and/or their dependents; and
- May only be added to the plan after written approval is received.

Guaranteed issue amount

All employees requesting benefit amounts over the Guaranteed Issue amount stated in the policy are required to submit evidence of insurability (EOI).

Option 1 - Download an application: log on to Employer eServices to download and print the applicable application. Applications are state specific so please make sure to determine the application applicable to your state.

Option 2 - Paper copy application: call 1-888-842-4571 to request a paper copy of the application.

Whichever option you choose, please fill in the applicable sections and give the application to your employee to complete. You can help the EOI process by indicating the products, and entering the amounts of coverage, that require EOI before you give the form to the employee.

Evidence of Insurability: If your employee must provide (EOI), you can choose from two options for EOI submission.

Note: Do not begin payroll deductions for insurance premium that requires evidence of insurability until you receive a written notice of approval.

Important: Employees who are not actively at work may be at risk of losing their group life insurance coverage.

The employee termination, conversion privilege and waiver of premium provision of the policy should be reviewed carefully to determine what options are available when an employee is not actively at work. Please review the chart on the following pages for timing considerations.

Continuation of coverage

Life coverage is not subject to COBRA. For continuation of coverage details, please refer to your policy.

How to apply for a conversion policy

1. The insured and plan administrator must complete the Individual Life Conversion Request for Information form, which is available online and through Life Customer Service at **1-888-999-4767**.
2. Fax the Request for Information form to **1-978-762-4767** within 31 days or mail it to:

HRMP
Life Conversion Facility
300 Rosewood Drive, Suite 250
Danvers, MA 01923

HRMP will work directly with the insured to complete the process.

Portability

When Portability privilege for Supplemental Life Insurance is included in your Supplemental Life policy, employees who have purchased supplemental life may be eligible to port coverage upon termination of employment provided they submit a request for portability within 31 days of termination date. The employer and employee must complete the Request for Portability of Supplemental Life Insurance form. This form is available online or you may call **1-877-683-8601** or e-mail **life_portability@uhc.com** to request it.

Options available when your employee's life insurance coverage ends

Event	Employee options	What should you do when your employee's coverage ends?	When should you do it?	Important notes about portability and conversion
Your employee is: a) not actively at work; or b) no longer in an eligible class because of sickness or injury	For Employees under a specific age (stated in the Policy)			<ul style="list-style-type: none"> Your employee's coverage will end unless he or she applies and is approved for waiver of premium and/or converts coverage before any FMLA or continuation ends. If your employee does not convert coverage within the conversion period (stated in the policy) and waiver of premium is denied, coverage will end because the conversion period will have ended. If your employee does convert coverage and waiver of premium is denied, your employee will still have coverage through the conversion policy. Once waiver of premium is approved, the conversion policy will be cancelled and premium will be refunded. While awaiting waiver of premium approval, and during the continuation period stated in the policy, premium must continue to be remitted for coverage to stay in force. If waiver is approved, premiums will no longer be required and any premiums paid after the date of disability will be refunded.
	FMLA – if qualified	Follow your procedure for approving FMLA.	Follow your procedure for FMLA.	
	Continuation	Continue to remit premium for the employee for the duration of the continuation period stated in your policy.	As soon as the employee has stopped work due to sickness or injury (continue to remit premium).	
	Waiver of Premium	Complete the employer section of the Statement of Continuance of Life Insurance; give the form to your employee and include written notification of FMLA approval, if appropriate.	As soon as your employee has stopped work due to sickness or injury (FMLA or Continuation may still be in effect).	
	Conversion	Complete the employer section of the Individual Life Conversion Request for Information; give it to your employee to complete and mail or fax.	Prior to the end of your employee's coverage (not necessarily employment) but within the conversion period (stated in the policy) and before FMLA or continuation ends.	
	For employees over a specific age (stated in the policy)			
	Continuation	Continue to remit premium for your employee for the duration of the continuation period stated in your policy.	As soon as your employee has stopped work due to sickness or injury (continue to remit premium).	
	Conversion	Complete the employer section of the Individual Life Conversion Request for Information; give it to your employee to complete and mail or fax.	Prior to the end of your employee's coverage (Not necessarily employment) but within the Conversion period (stated in the policy).	
Employer approved FMLA (for medical reasons) or Continuation ends	Waiver of premium	Complete the employer section of the Statement of Continuance of Life Insurance; give the form to your employee and include written notification of FMLA approval, if appropriate.	As soon as your employee has stopped work due to sickness or injury (this should be done before FMLA or continuation ends).	
	Conversion	Complete the employer section of the Individual Life Conversion Request for Information; give it to your employee to complete and mail or fax.	Prior to the end of your employee's coverage (Not necessarily employment) but within the Conversion period (stated in the policy).	

Payment of premium does not necessarily constitute continuation of coverage. It is important to check your policy for availability of these options, specific age and/or time limits and other restrictions and limits for these provisions.

Event	Employee's Options	What should you do when your employee's coverage ends?	When should you do it?	Important notes about portability and conversion
For reasons other than sickness or injury: a) your employee's coverage ends; or b) your employee is no longer in an eligible class	FMLA or non-medical leave – if qualified	Follow your procedure for approving FMLA or non-medical leave.	Follow your procedure for approving FMLA or non-medical leave.	<ul style="list-style-type: none"> • Not all policies offer portability • Some policies have age limit requirements for portability • Conversion and portability may be offered to employees and covered dependents • The amount of coverage your employee may port or convert will depend on why their coverage is terminating and/or how long they have been covered under the policy
	Conversion	Complete the employer section of the individual life conversion request for information; give it to your employee to complete and mail or fax.	Prior to the end of your employee's coverage (not necessarily employment) but within the conversion period (stated in the policy).	
	Portability – subject to limitations stated in the policy	Complete the employer section of the portability application; give the form to your employee and include written notification of FMLA or non-medical leave approval, if appropriate.	Within 31 days of the date your employee's coverage ends (not necessarily employment).	
Employer approved FMLA (for medical reasons) or continuation ends	Conversion	Complete the employer section of the individual life conversion request for information; give it to your employee to complete and mail or fax.	Prior to the end of your employee's coverage (not necessarily employment) but within the conversion period (stated in the policy) and before the leave ends.	
	Portability – subject to limitations stated in the policy	Complete the employer section of the portability application; give the form to your employee and include written notification of FMLA or non-medical leave approval, if appropriate.	Within 31 days of the date your employee's coverage ends (not necessarily employment).	
The policy terminates	Conversion – subject to limitations stated in the policy	Complete the employer section of the Individual Life Conversion Request for Information; give it to your employee to complete and mail or fax.	Prior to the end of your employee's coverage (not necessarily employment) but within the conversion period (stated in the policy).	
Your employee's coverage reduces because of age	Conversion – for amount reduced	Complete the employer section of the Individual Life Conversion Request for Information; give it to your employee to complete and mail or fax.	As soon as your employee's coverage reduces but within the conversion period (stated in the policy).	
Your employee's premium hasn't been paid	Coverage ends	n/a	n/a	

Portability and conversion comparison		
	Portability	Conversion
Description of coverage	Continuation of group term insurance	Individual Whole Life Insurance (builds a cash value) issued
Benefits available	Supplemental Life and AD&D	Basic or Supplemental Life
Benefits not available	Basic Life and AD&D	AD&D
Premiums	Age-banded group rates which increase with current age	Age-banded individual rates fixed at the age when converted policy is issued – more costly than portability
Duration of coverage	Will continue as long as the premium is paid or until your employee is re-hired	Will continue as long as the premium is paid

It is important to check your policy for availability of these options, specific age and/or time limits and other restrictions and limits for these provisions.

Claims information

Accelerated benefit

This benefit provides a partial advance payment of an employee's life insurance benefit when an employee becomes ill. It may be paid to an employee in a lump sum once during their lifetime.

To apply for an accelerated benefit

The employee (or their legal representative) must apply for the benefit. To do so, the insured must:

- Complete a Notice of Claim - Accelerated Benefit form available online or by calling **1-888-299-2070**.
- Provide satisfactory proof that the employee is terminally ill. Include a physician's written statement indicating the approximate life expectancy.

Note: The accelerated benefit payment may be taxable to the insured person. This individual should seek assistance from a personal tax advisor regarding taxes that may need to be levied as a result of claiming accelerated benefits.

To apply for a waiver of premium

Complete the Statement of Continuance of Life Insurance form, available online or by calling **1-888-299-2070**, to apply for these benefits. The employee must be totally disabled as defined by the policy. (See the specific policy for plan details as age limitations and waiting period may vary.) Continue to pay the employee's premium during the waiting period. The employee must supply proof of claim no later than 12 months after the date they become "Totally Disabled" in accordance with the policy definition.

Note: The definition of "Total Disability" on the Statement of Continuance of Life Insurance form requires the employee to not be able to perform the duties of any occupation that is suited to his/her training or experience.

Premium adjustment

The standard policy provides waiver of premium for life coverage. The Accidental Death and Dismemberment (AD&D) policy premium cannot be waived and will terminate upon approval of waiver on the life coverage. Please refer to your specific policy.

Beneficiary designation

You are responsible for maintaining the most current employee beneficiary designations. A Beneficiary Designation form is available online or by calling 1-888-299-2070.

To submit a death claim

1. The claimant is responsible for completing the Claimant portion (Section 1) of the Proof of Death form which is available online or by calling **1-888-299-2070**.
2. You are responsible for completing the Employer or Plan Administrator portion (Section 2) of the Proof of Death form.
3. Include a certified death certificate with the death claim. A copy of the certified death certificate is not acceptable. Mail the completed Proof of Death form and the certified death certificate to the address on the claim form.
4. If the death was not a result of natural causes (i.e., accident or homicide) a copy of the official report (i.e., police, accident, fire, FAA, OSHA) must be provided in order to consider payment of the AD&D benefit. AD&D benefits cannot be paid on any claim without an investigative report regarding the insured's death.
5. If your AD&D policy contains alcohol or drug exclusions, a toxicology report will be required.
6. Claims submissions must also include:
 - Enrollment form
 - Copies of any beneficiary changes
 - Absolute assignments
 - Funeral assignments

Claims information

To submit a dismemberment claim

1. You will need to complete the employer portion of the Statement of Claim for Accidental Dismemberment Benefits form which is available online or by calling **1-888-299-2070**.
2. Ask the employee to:
 - Complete the Employee portion of the claim form
 - Have the insured's physician complete the attending physician statement on the claim form
 - Provide a copy of the accident report
 - Provide a copy of the toxicology report (if one is performed)

Mail the completed Death or Dismemberment Claim forms to:

UnitedHealthcare Specialty Benefits
PO Box 7149
Portland, ME 04112-7149

UnitedHealthcare Life products are provided by UnitedHealthcare Insurance Company and in California by Unimerica Life Insurance Company. Life products are provided on policy form LASD-POL (05/03) et al., in Texas on form LASD-POL-TX(05/03) and in Virginia on LASD-POL(05/03). The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company is located in Milwaukee, WI.