



UnitedHealthcare®

A UnitedHealth Group Company

UnitedHealthcare
ATTN: PA Group Demographic Update
PO Box 30964
Salt Lake City, UT 84130-0964

Group Information Update Form

Please complete the form and mail to UnitedHealthcare; or fax to 248-733-6062, Attn: Group Information Update. Once this form is received in our office, the timeframe for updating the information is 3 to 5 business days.

Incomplete forms will be returned and the information will not be updated. **Please do not use this form for any eligibility additions, changes, or terminations.**

* Required fields

Group Information – Please indicate your group information.

*Group Name: veratex inc

*Group Customer/Policy Number(s): 1351166

*Group Phone: 212-683-9300

Group Fax: _____

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

New Physical Address: _____

City, State, Zip: _____

Change Groups Billing Address - check box if billing address needs to be updated and indicate new address below

New Billing Address: _____

City, State, Zip: _____



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Group Plan Administrator – check the appropriate box below.

➤ **Update Plan Administrator Information.**

Note: It is important to remove Plan Administrators that no longer work for your company. Keeping them on file gives them permission to access all group information and perform transactions on your group account.

Remove Group Plan Administrator (check the box) provide name below

Name: ___Wei Chang_____ Email: ___wei@veratex.nyc____ wchang@warpknittricot.com_____

Add a new Group Plan Administrator (check the box) provide name below

Please print the name(s) and email address (es) of the new Plan Administrator(s)

Name: ___Claude Simon_____ Email: ___csimon@fairlane.biz_____

Name: ___Carolyn Simon_____ Email: ___carolyn@veratex.nyc_____

Give the following Group Plan Administrator eServices access to billing, invoices, and eligibility. Check the box if you want the new Plan Administrator to be given online access to eServices.

Please print the name(s) and email address (es) of the new plan administrator needing eservices access.

Name: ___Claude Simon_____ Email: ___csimon@fairlane.biz_____

Name: ___Carolyn Simon_____ Email: ___carolyn@veratex.nyc_____

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

*Printed Name of Company Officer: ___Claude Simon_____

*Signature of Company Officer: _____

*Title of Company Officer President_____

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.