

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

## Group Information Update Form – Contact/Address/Name Change Form

Please complete the form and mail to UnitedHealthcare, email to [clientserviceoperations@uhc.com](mailto:clientserviceoperations@uhc.com) or to your assigned DCSM. Attn: Group Information Update. Once this form is received in our office, the timeframe for updating the information is 3-5 business days.

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

### Group Information

**\*Required fields**

VERATEX, INC

1. **\*Group Name:** \_\_\_\_\_
2. **\*Group Number:** 1351166 **\*Group Phone:** 914-204-0788

- Please indicate change(s) to group information in below boxes.
- Boxes must be complete for processing.
- If you have questions regarding this form, please contact Group Services.

3. **Effective date of change:** 12 - 14 - 2025

☐ **Company Name Change**

**Legal Name:** \_\_\_\_\_

**Short Name / DBA:** \_\_\_\_\_

**ID Card Name\*:** \_\_\_\_\_

☒ **Change in group's primary business address:**

**Street:** 336 EAST 56TH STREET, FRONT A

**City / State / Zip:** NEW YORK, NY 10022

☒ **Change in group's billing address:**

**Street:** 336 EAST 56TH STREET, FRONT A

**City / State / Zip:** NEW YORK, NY 10022

☐ **Change in group's benefits administrator or other contacts:**

In the chart below please provide the **Action** code, check one of the titles (Benefits Administrator or Billing Contact) and provide the **Type** code for each contact being added, deleted, or updated.

**Action** Codes are indicated below.

A = Add D = Delete U = Update Existing Contact's Info (only applicable to name correction, email address or phone number changes).

**Type** codes are indicated below.

P=Primary A=Additional

Note: There must always be a Primary Contact. Please be sure to "Add" new Primary Contact if you "Delete" your current Primary Contact.

Action Code	Name	Phone & Email Address	Type Code	Benefit Admin	Billing Contact

☐ **Update Group Plan Administrator UHCeServices access:**

Please print the name and email address of all plan administrators needing an access update and select one user access type. (Employer User access provides full access to billing and eligibility.)

Action Codes are indicated below. Please confirm contact Action Code below.

A = Add D = Delete U = Update Existing Contact's User Access Type

Action Code	Name	Email Address	Employer User	Billing Only	Eligibility Only	View Only

**Note:** If user is inactive for 13 months, the account will automatically deactivate.

### Authorization Information

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

\*Printed Name of Company Offices: VERATEX, INC

\*Signature of Company Officer: CLAUDE SIMON

\*Title of Company Officer: PRESIDENT

(President, Owner, Vice President, Director, Chief executive Officer (CEO), Chief Operating Officer (COO), Chief Financial officer (CFO) Controller and Assistant Controller)

**Health Insurance Portability and Accountability Act (HIPAA) privacy guidelines limit the persons to who 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.