Employer Authorization for the Use and Disclosure of Information

My employees have given their consent to me to let United HealthCare of Ohio, United HealthCare Insurance Company and their affiliates (collectively, "UnitedHealthcare"), use and disclose the personal information concerning them and/or their dependents that is contained on any applications for health insurance coverage that they completed within the last 60 days. They understand that the purpose of the disclosure and use of this information is to allow UnitedHealthcare to make decisions regarding eligibility, underwriting, and premium risk rating.

UnitedHealthcare reserves the right to change the schedule of premiums applicable to your employer group based on updated, revised or additional information provided in the UnitedHealthcare applications which will be completed prior to enrollment.

Employer Name: _____

Employer Group Signature: _____

Title: _____

Date: _____