Plan Administrator Guide for Life and Disability Products

This document is a reference guide only. The insurance policy will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

Here are some helpful action items and definitions to review as you administer your coverage with UnitedHealthcare Life and Disability. Please also refer to the Administration Guide and Certificate of Coverage posted on <u>www.employereservices.com</u> for additional information. If you have questions about your policy, billing, claims or customer service, please reach out to our Client Service Operations team at <u>specialty client services@uhc.com</u> or (888)866-3192.

Action Item	Description	Employer (Plan Administrator) Responsibility	Employee Responsibility
Eligibility Requirements (Life & Disability)	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.	Provide Benefit Details and Enrollment Dates to employees. For non-contributory coverages, it is the employer's responsibility to add new hires to the plan within 31 days. The employee does not need to make an election. All full time employees should be added to the plan as new hires if coverage is offered on a Non-Contributory basis.	Enroll in desired plans.
Late Entrant	Employees who waived coverage during their initial eligibility or missed their new hire eligibility date.	Provide Late Entrants with Evidence of Insurability Application. UHC will not reach out to request an EOI form for Late Entrants.	Employee must complete and return Evidence of Insurability form for themselves and/or their dependents in order to be considered for coverage.
Evidence of Insurability Application	An application for employees who want to apply for Basic Life or Supp Life above the Guarantee Issue or would like to elect any type of life or disability coverage outside their eligibility (new hire or qualified life change event) window.	Provide Late Entrants with Evidence of Insurability Form. This form can be found at <u>www.employereservices.com</u> . UHC will not reach out to request an EOI form for Late Entrants or for those applying for more than the GI.	Employee must complete and return Evidence of Insurability form for themselves and/or their dependents in order to be considered for coverage.
Waiver of Premium (Life)	The waiver of premium benefit allows the employee/ employer to forego premium payment on life insurance for a totally disabled employee. The employee is required to provide proof of continued total disability as required. After the employee has been totally disabled for two years, proof will be required once a year thereafter. Please refer to your policy for the specific reason waiver of premium would terminate.	Provide the Waiver of Premium form to the Employee. This form can be found at www.employereservices.com.	The employee must supply proof of claim with the form no later than 12 months after the date they become "Totally Disabled" in accordance with the policy definition.

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Conversion (Life & Supp Life)	Employees may convert all or part of their Basic Life and Supplemental insurance to an individual whole life policy. Please refer to the contract for Conversion Eligibility Rules.	Provide to the employee the Individual Life Conversion Request form with the Policy Number, Coverage Amount, and Last Day Worked and/or Termination Date. This form can be found at www.employereservices.com.	Employee must return the Life Conversion form and payment within 31 days of termination.
Portability (Supp Life)	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 that they submit a request for portability within 31days of the termination date. Please refer to the contract for Conversion Eligibility Rules.	Supply terminated employee with the Port Coverage Form. This form can be found at <u>www.employereservices.com</u> .	Must return form and/or request for portability within 31days of the termination date.
Filing a Claim (Life or Supp Life)	Submitting a Death Claim, Accelerated Benefit, or Dismemberment Claim.	Supply Claimant or beneficiary with the Claim Form after filling out required ER information. Provide UHC with Beneficiary form. This form can be found at <u>www.unitedeservices.com</u> .	Fill out form, return requested documents per the form.
Filing a Claim (Disability)	Filing a STD or LTD Claim.	Provide the Claim Form to employee after filling out ER portion. This form can be found at <u>www.unitedeservices.com</u> .	Complete the document with ER Required & Physician information and send claim per instructions on document.
Life Beneficiary Designation Form	Allows insureds to designate what should happen to their assets in the event of claim.	Plan administrator should provide form to employee to complete. Plan administrator should keep form on file and present to UHC in the event of claim. Best Practice is to request employees to verify or update beneficiaries annually. This form can be found at www.unitedeservices.com.	Fill out document and return to employer.
Salary Updates	Providing accurate Salaries to ensure correct premium is collected.	Best Practice to supply updated Salaries on an annual basis by calling EmployereServices at 1-888-842-4571.	None.
W2 Prep	UnitedHealthcare offers tax withholding, reporting and W-2 services to our fully insured customers. To request this service, contact us at <u>specialty client services@uhc.com</u> or (888)866-3192 and receive a copy of the LLA Agreement to complete. We must receive your request no later than November 1st.	Submit Limited Agency Agreement in before November 1st of the current tax year.	None.

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Key Contacts

General Billing and Enrollment	Billing issuesEnrollment additions and terminations	888-UHC-HLP1 -or- 888-842-4571 Fax or mail enrollment forms to:
	Please Note: Eligibility requests must be received	fax: 248-733-6062
	within 31 days of the effective or event date.	UnitedHealthcare
		Dept. CH 10151 Palatine, IL 60055-0151
Dental Customer Care	Dental benefit and claims questions	800-896-4830
	Order dental ID cards or dental directory	www.myuhc.com (member website)
Life and Disability Claims	Check status of life claims	866-293-1794
	Check status of disability claims	
	Questions regarding disability benefits	
Vision Customer Care	• Questions regarding vision benefit	800-638-3120
	Questions regarding vision network	www.myuhcvision.com (member website)
Administrative Website	Assistance navigating through the site	800-651-5465
	Password resets	www.employereservices.com
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Life Conversion	• FAQs on life conversion	888-999-4767
	Conversion quotes	https://www.uhclifeconv.com/
	Contact information	