



Request for Optional Coverage: Pennsylvania Dependent to Age 30 (Adult Dependent)

To Be Completed by Employer:

Group Name _____

Group Policy # _____

Address _____

Contact Name _____

Contact Phone Number _____

Employer signature _____

Date ____/____/____

Important: For Adult Dependents to be approved and installed properly, the following is required:

- Groups sized 2-99 should complete this form and submit to UnitedHealthcare at:

Plan Changes MN004-0300
12501 Whitewater Drive
Minnetonka, MN 55343

Or, email it to: plan_changes@uhc.com .

- Groups sized 100+ should complete this form and submit to UnitedHealthcare Underwriting or Sales Department.
- Once this optional benefit has been added to the policy, all Adult Dependents applying for coverage must complete an Employee Enrollment form.
- Employers must complete the first section of the Employee Enrollment Form clearly indicating the form is for an Adult Dependant by checking 'Other' under the Reason for Application and writing in "**Adult Dependent**" in the space provided.