



UnitedHealthcare  
ATTN: PA Addition/Removal  
PO Box 1946  
Oldsmar, FL 34677-1918

## Plan Administrator Addition/Removal Form

Please complete the form in full and mail to UnitedHealthcare; or fax to: 813-818-3724, Attn: PA Addition/Removal.

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.

**We will not process incomplete or unsigned forms.**

**Group Information** – Please indicate your group information.

Group Name:

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Group Customer/Policy Number(s):

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Group Phone:

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Group Fax:

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

Printed Name of Company Officer:

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Signature of Company Officer:

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Title of Company Officer:

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**Information to be Updated** – Please print the name(s) of the Plan Administrator(s) to be added or removed.

Print name of Addition/Removal:

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Circle One

Print name of Addition/Removal:

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Circle One

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