California Small Business

Group Acceptance/Change Form
Product and Benefit Selection Form

Effective January 1, 2027

Please Select One:

New Business: ☐ Acceptance of New Coverage

Renewals: ☐ Acceptance of renewal with new renewal rates:
Group number

☐ Change existing coverage (add or replace a renewal plan):
Group number

General information

Group Name	Group Effective Date

Agent Name

Important: Please print or type all selections in black ink

Legal name of group/DBA	Telephone	Fax

Address	City	County	State	ZIP Code

Employer Contribution (Medical Only)		Total Number Employed
Employee Premium	Dependent Premium:	

Total Permanent Full-Time Employees (working 30 or more hours per week)	Total Permanent Part-Time Employees (working 20–29 hours per week)

Do you wish to offer coverage to ALL employees working 20–29 hours per week?	Total Full-Time Equivalents
☐ Yes Effective Date ☐ No	

Decide on the package your group is enrolling in. Then, select the specific plans you wish to offer to employees.

Is a staff model HMO plan[1] being offered alongside UnitedHealthcare plans? ☐ Yes ☐ No

(May write alongside 2 other carriers; must be a staff-model carrier. Eligible staff models include Chinese Community Health Plan, Kaiser, MediExcel, Sharp, SIMSA, Sutter and Western Health Advantage. May not write alongside California Choice or Covered California.)

United Healthcare®

Metallic level	Product Type	Network	Plan description	Incentive program	Plan code	Choice Simplified	Multi-Choice State
*Some networks may not be available in all ZIP codes within counties/regions. Please check with your UnitedHealthcare representative to verify network availability.						All plans* ☐	All plans* ☐
Platinum	PPO	Select Plus	15/10%	Core Rewards	FD-CC	☐	☐
Platinum	PPO	Select Plus	15/250/20%	Core Rewards	FD-CD	☐	☐
Platinum	PPO	Select Plus	15/250/20%	Core Rewards	FD-CH	☐	☐
Platinum	PPO	Select Plus	10/10%	Core Rewards	FD-CO	☐	☐
Platinum	PPO	Core	15/10%	Core Rewards	FD-B2	☐	☐
Platinum	PPO	Core	15/250/20%	Core Rewards	FD-B3	☐	☐
Platinum	PPO	Core	15/250/10%	Core Rewards	FD-B7	☐	☐
Platinum	PPO	Core	10/10%	Core Rewards	FD-CN	☐	☐
Gold	PPO	Select Plus	30/30%	Core Rewards	FD-CG	☐	☐
Gold	PPO	Select Plus	35/500/20%	Core Rewards	FD-CI	☐	☐
Gold	PPO	Select Plus	35/1000/20%	Core Rewards	FD-BY	☐	☐
Gold	PPO	Select Plus	5/1500/30%	Core Rewards	FD-CM	☐	☐
Gold	PPO	Core	30/30%	Core Rewards	FD-B6	☐	☐
Gold	PPO	Core	35/500/20%	Core Rewards	FD-B8	☐	☐
Gold	PPO	Core	35/1000/20%	Core Rewards	FD-BX	☐	☐
Gold	PPO	Core	5/1500/30%	Core Rewards	FD-BZ	☐	☐
Silver	PPO	Select Plus	65/1950/40%	Core Rewards	FD-CJ	☐	☐
Silver	PPO	Select Plus	65/2550/40%	Core Rewards	FD-CK	☐	☐
Silver	PPO	Select Plus (HDHP)	2900/40%	HSA/Premium Rewards	FD-CF	☐	☐
Silver	PPO	Select Plus	55/1750/40%	Core Rewards	FD-CQ	☐	☐
Silver	PPO	Core	65/1950/40%	Core Rewards	FD-B9	☐	☐
Silver	PPO	Core	65/2550/40%	Core Rewards	FD-CA	☐	☐
Silver	PPO	Core (HDHP)	2900/40%	HSA/Premium Rewards	FD-B5	☐	☐
Silver	PPO	Core	55/1750/40%	Core Rewards	FD-CP	☐	☐
Bronze	PPO	Select Plus	6950/40%	Premium Rewards	FD-CE	☐	☐
Bronze	PPO	Select Plus (HDHP)	6000/40%	HSA/Premium Rewards	FD-CL	☐	☐
Bronze	PPO	Core	6950/40%	Premium Rewards	FD-B4	☐	☐
Bronze	PPO	Core (HDHP)	6000/40%	HSA/Premium Rewards	FD-CB	☐	☐

*Some Networks may not be available in all ZIP codes within Counties and/or Rating Regions. Please check with your UnitedHealthcare representative to verify Network availability.
** Primary Advantage

United Healthcare®

Metallic level	Product Type	Network	Plan description	Incentive program	Plan code	Choice Simplified	Multi-Choice State
Platinum	HMO	Signature	30-55/20%	Core Rewards	FD-DF	☐	
Platinum	HMO	Signature	20-40/300d	Core Rewards	FD-C2	☐	
Platinum	HMO	Signature	25-50/400d	Core Rewards	FD-DB	☐	
Platinum	HMO	Alliance[3]	30-55/20%	Core Rewards	FD-DG	☐	
Platinum	HMO	Alliance[3]	20-40/300d	Core Rewards	FD-C3	☐	
Platinum	HMO	Alliance[3]	25-50/400d	Core Rewards	FD-C6	☐	
Platinum	HMO	Harmony**	30-55/20%	Core Rewards	FD-DE	☐	
Platinum	HMO	Harmony**	20-40/300d	Core Rewards	FD-CZ	☐	
Platinum	HMO	Harmony**	25-50/400d	Core Rewards	FD-C5	☐	
Gold	HMO	Signature	35-70/600d	Core Rewards	FD-DC	☐	
Gold	HMO	Signature	35-70/20%/500d	Core Rewards	FD-DD	☐	
Gold	HMO	Signature	35-70/25%/1500d	Core Rewards	FD-DI	☐	
Gold	HMO	Alliance[3]	35-70/600d	Core Rewards	FD-C8	☐	
Gold	HMO	Alliance[3]	35-70/20%/500d	Core Rewards	FD-DA	☐	
Gold	HMO	Alliance[3]	35-70/25%/1500ded	Core Rewards	FD-DJ	☐	
Gold	HMO	Harmony**	350-70/600d	Core Rewards	FD-C7	☐	
Gold	HMO	Harmony**	35-70/20%/500ded	Core Rewards	FD-C9	☐	
Gold	HMO	Harmony**	35-70/25%/1500ded	Core Rewards	FD-DH	☐	
Silver	HMO	Signature	60-95/40%/2500ded	Core Rewards	EP-2W	☐	
Silver	HMO	Alliance[3]	60-95/40%/2500d	Core Rewards	EP-2Y	☐	
Silver	HMO	Harmony**	60-95/40%/2500ded	Core Rewards	EP-2X	☐	
Silver	HMO	Harmony**	40%/2500ded	Core Rewards	FD-DK	☐	
Platinum	PPO	Core	15/10%		FD-BT		☐
Platinum	PPO	Navigate	15/10%		FD-BV		☐
Gold	PPO	Core	25/350/20%		FD-BS		☐
Gold	PPO	Navigate	25/350/20%		FD-QQ		☐
Silver	PPO	Core	55/2500/35%		FD-BR		☐
Silver	PPO	Navigate	55/2500/35%		FD-BW		☐
Bronze	PPO	Core	60/5800/40%		FD-BU		☐
Bronze	PPO	Navigate	60/5800/40%		FD-QR		☐
Platinum	HMO	Alliance[3]	UHC Platinum 90 HMO 0/15, Alliance & Child Dental		FD-CX		☐
Gold	HMO	Alliance[3]	UHC Gold 80 HMO 350/25, Alliance & Child Dental		FD-CY		☐
Silver	HMO	Alliance[3]	UHC Silver 70 HMO 2500/55, Alliance & Child Dental		FD-C4		☐
Bronze	HMO	Harmony**	UHC Bronze 100 HMO 7200 Harmony & Child Dental		FD-DL		☐

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** Primary Advantage

Please indicate financial protection plan selection.	Supplemental benefits
☐ Employee Basic Life and AD&D:	☐ **Infertility (HMO only) 3.4% Premium Load** Diagnosis and Treatment
☐ Dependent Basic Life and AD&D	
☐ Supplemental Employee Life and	☐ **Infertility (Select Plus and Core Plans Only) 4.9% Premium Load** Diagnosis and Treatment
☐ AD&D Supplemental Dependent Life	
☐ and AD&D Long-Term Disability	The plan rates will increase by the percentage noted above when the infertility rider is added.
Protection Plans available for groups with 51 or more eligible employees:	
☐ Critical Illness Protection	
☐ Accident Protection	
☐ Hospital Indemnity Protection	

Please indicate dental and vision plan selection

(Select up to a maximum of 2 HMO and PPO dental plans. Select up to a maximum of 1 vision plan.)

Dual Option ☐
☐ Other

UnitedHealthcare DPPO
☐ Dental Plan Code

UnitedHealthcare DHMO
☐ Dental Plan Code

UnitedHealthcare Vision
☐ Vision Plan Code

HSA supplemental coverage

HSA (if selected) – Bank to be used: ☐ Optum Bank® ☐ Other

The undersigned is authorized by the above small business group to apply for or change group coverage offered by UnitedHealthcare Insurance Company at the attached premium rates guaranteed for 12 months, effective _____, and is authorized to enter into a Medical and Hospital Group Master Policy.

Further, the undersigned agrees to make full monthly premium payments to UnitedHealthcare for the benefits received in accordance with the terms of the contract.

Authorized Signature	Date
Print Name	**Title**

California law prohibits an HIV test from being required or used by health care service plans and insurance companies as a condition of obtaining coverage.

Underwriting Approval

D.P. Only

Internal use only: G.C.#

Important Plan Coverage Information: All UnitedHealthcare plans are underwritten by UnitedHealthcare Insurance Company. When adding or revising plans at renewal, underwriting approval may be required. All plan change requests must be submitted to UnitedHealthcare prior to the renewal date.

[1] Groups with 5 or more enrolling California employees may offer one staff model HMO plan from another carrier alongside UnitedHealthcare plans.

[2] Formal product name for Choice Simplified: UnitedHealthcare Multi-Choice®. Formal product name for Navigate: UnitedHealthcare Navigate®. Formal HMO product names: Signature = UnitedHealthcare SignatureValue; Alliance = UnitedHealthcare SignatureValue Alliance; Harmony = UnitedHealthcare SignatureValue Harmony

[3] Alliance product is available in select markets. Please contact your UnitedHealthcare representative for information.

Network Availability Information

*Alliance network is available in the following counties: Fresno, Kern, Kings, Los Angeles, Madera, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, and Ventura.

**Harmony network is available in the following counties: Los Angeles, Orange, Riverside, San Bernardino, and San Diego.

Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators, we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX (05/03) and UHCLD-POL 2/2008-TX and in Virginia on LASD-POL (05/03) and UHCLD-POL 2/2008. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company is in Milwaukee, WI. Health plan coverage provided by or through UnitedHealthcare Insurance Company, UHC of California and UnitedHealthcare Benefits Plan of California. Administrative services provided by United HealthCare Services, Inc., Optum Rx® or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC). B2B EI243614243.1 © 2026 09/15/2026 UnitedHealthcare Services, Inc. 24-3672472

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