

Small Business Registration Form

Employer eServices®

- New Case Submission
 Broker of Record Change

Customer Information

Your Name:		
Phone Number:		
Company Name:		
Address:		
City:	State:	Zip:
Group Number (this number may be found on your company's UnitedHealthcare member ID card)		

Broker Information

Your Name:		
Phone Number:		
Agency Name:		
Address:		
City:	State:	Zip:
Group Number (this number may be found on your company's UnitedHealthcare member ID card)		

List the Employer eServices Users

Please insert an "X" for access needed for each user

Users First & Last Name (List Main User/Primary Contact First)	Phone Number (include area code)	E-Mail Address	Current employer eServices ID	Eligibility Inquiry	Online Billing
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>

- Check here if interested in Online Bill Payment
**Attention: If you check Online Billing, you will no longer receive paper bills.
 Simply print the invoice from your computer and mail it in.**

Please submit to your UnitedHealthcare representative:

Name:

Fax:

