Small Business Registration Form

Employer eServices℠

■ Yes, I am interested in signing up for Employer eServices. (Please complete information below)

☐ I am unable to sign up for Employer **e**Services. (Please complete name and address section)

- ☐ I don't have a computer or Internet access.
- ☐ I use a third party vendor.
- ☐ My hardware/software is not compatible.
- ☐ Other _____

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)

Hardware/Software Requirements

Processor – High-speed processor (equivalent of Pentium P266 or greater recommended)
Memory – 64MB or greater (128 MB recommended)
OS – Windows 95, NT or greater
Browser – Internet Explorer 5 or greater, or Netscape Communicator 4.51 - 4.77

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	Eligibility Inquiry and Update	Online Billing
1)			☒	☐
2)			☒	☐
3)			☒	☐
4)			☒	☐
5)			☒	☐

☐ 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:

UnitedHealthcare®
A UnitedHealth Group Company