



MN012-N108 PO Box 1459 Minneapolis MN 55440-1459

<Platform>
Benefit Administrator
<Company>
<Address>
<City>, <State> <Zip>

UnitedHealthcare Coverage Gap for Graduating Students

OPT-OUT FORM

If you do not want to participate in this program, please complete this form and return it before May 14, 2010. Please mail or fax your response to:

UnitedHealthcare Eligibility
PO Box 30963
Salt Lake City, UT 84130-0963

Fax: 248-733-6061

Our Plan does **NOT** want to participate in the early access to health coverage for college graduates program.

<Company>
<Address>
<City>, <State> <Zip>

<Policy Number>

Date: _____

Representative Name: _____

Representative Signature: _____

Phone Number: _____