

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

- I am unable to sign up for Employer eServices. (Please complete name and address section)
- I don't have a computer or Internet access.
  My hardware/software is not compatible.
- I use a third party vendor.
  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)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
5)			<input checked="" 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: \_\_\_\_\_