



new to our Small Business customers!

Online benefits management. www.employereservices.com

Employer eServicessm streamlines benefits administration making it simpler, easier and more efficient.

Our suite of innovative Internet-based applications offers you and your small business customers flexibility for instant access and “real-time” benefits management online.

These online resources bring value to your business and help build customer relationships so you can add new business. Simply — working online helps you grow your bottom line.

How Can This Help Your Business?

Brokers using Employer eServices will find it works to provide:

- Faster customer service for clients
- Real-time eligibility transactions and updates accounts instantly
- Convenient information management anytime, anywhere

One site gives both you and your clients access to:

Eligibility Inquiry

- Verify eligibility status
- Review enrollment information
- Print screen details

Eligibility Update

- Add employees
- Change eligibility
- Reinstate employees
- Terminate employees

Online Billing

- View easy to read invoices online
- View up to 12 months of prior invoices
- Download current invoices to spreadsheet software
- Sort or search by subscriber name or ID number

Availability of applications is based on your agreement/contract with UnitedHealthcare.

Our Training is Exceptional

After you receive your User ID and password you can access:

- **Online Tutorial** — overview and quick self-starter introduction with step-by-step instructions on how to do specific online transactions
- **Online Help Feature** — quick and easy reference guide
- **Training on Demand** — this training tool offers an online presentation when it's most convenient for you. View the whole course or skip to certain topics.
- **Webcast Seminar** — a live, interactive “classroom” training that covers terminology, definitions and demonstrates how to make transactions
- **Customer Support Staff** — available toll-free at 1-800-651-5465

We believe in putting the power
of information into the hands
of our brokers and customers.



UnitedHealthcare®

A UnitedHealth Group Company

Employer eServicessm

Your Suite of Administrative Services

small business group

■ 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 Broker: Upon registering for Employer eServices using this reply form, you will be given access to your full book of business. Please contact your UnitedHealthcare representative if you have questions about your access options. If you check Online Billing, your customers will no longer receive paper bills. Unless you do billing administration for your customers, do not select Online Billing.**

Please submit to your UnitedHealthcare representative:

Name: _____ Fax: _____