

**UnitedHealthcare
Group Authorization Form**

Collin County (Group Name) elects to offer CountyChoice Silver, retiree medical benefits program and authorizes its retirees to participate in UnitedHealthcare. Furthermore, the group agrees to comply with the participation requirements listed below.

Effective date for retiree benefits: January 1, 2011.

Group must complete the following requirements:

- Sign New Group Program Requirements and Procedures form
- Sign completed Member Contact Designation form

Indicate below plan selection and billing method that will be offered to your retirees:

PLAN OPTIONS (Select one):

- | | | |
|--|---------|----------|
| <input type="checkbox"/> MEDICAL ONLY | Premium | \$194.00 |
| (Allows retirees to select their own prescription coverage at their own expense) | | |
| <input checked="" type="checkbox"/> MEDICAL AND PRESCRIPTION | Premium | \$361.00 |
| (Prescription coverage provided by UHC to all retirees) | | |

NOTE: If you choose a medical plan with RX optional, retirees have the option to elect RX coverage elsewhere at their own expense. RX is not available as a standalone benefit.

BILLING OPTIONS (Select one):

- | | |
|--|--|
| <input type="checkbox"/> LIST | (the Employer pays 100% of premiums); the monthly invoice is sent to the Employer. |
| <input checked="" type="checkbox"/> DIRECT | (the Employer pays \$0 premium); the invoice is sent to the retiree monthly. |
| <input type="checkbox"/> SPLIT* | (the Employer pays a portion of the premium); employer must indicate the contribution levels below for Employer and for Retirees. Invoices will be created and sent to the Employer for the Employer portion and to the Retiree for any remaining balance. |

*Split Bill- indicate amount paid per month:

By Retiree \$ _____
By Employer \$ _____



Signature of County Judge or Contracting Authority

10/11/10

Date

Keith Self, County Judge

Print Name and Title



UnitedHealthcare Supplement Plan

PROGRAM REQUIREMENTS & PROCEDURES

Acknowledgement

Collin County (Group Name) acknowledges the attached document has been read and agrees to comply with the retiree program requirements and procedures.

Keith Self

Signature of County Judge or Contracting Authority

Date

Keith Self

Print Name

County Judge

Title

If there are questions about requirements and procedures please contact Melissa Lopez at 800-456-5974 ext. 3463.

PLEASE PROVIDE A COPY OF THIS NOTICE TO YOUR PRIMARY CONTACT AND BILLING CONTACT