

# Small Business Registration Form

Employer eServices®

☐ New Case Submission

☐ Broker of Record Change

## Customer Information

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)		

## Broker Information

Your Name:		
Phone Number:		
Agency Name:		
Address:		
City:	State:	Zip:
Group Number (this number may be found on your company's UnitedHealthcare member ID card)		

## 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	Current employer eServices ID	Eligibility Inquiry	Online Billing
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input 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:

