



## Need to make changes to your Off-Exchange plan?

If you need to make changes to your Off-Exchange plan, (see examples below), please either:

1. Have your health insurance agent make the change through their enrollment system, or
2. Mail or fax a written request with the following information to the address/fax number provided below:

Subscriber's Name: \_\_\_\_\_

Subscriber ID: \_\_\_\_\_ (Subscriber ID can be found on your health insurance ID card.)

Subscriber's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide the reason for the change or correction requested (see examples below):

\_\_\_\_\_  
\_\_\_\_\_

Subscriber signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

• Examples:

- Requesting to add or remove a dependent – please include dependent's first name, last name, date of birth.
- Demographic updates (permanent address, mailing address, phone #, email address) - please include what information is changing as well as the updated information.
- Request to cancel an enrollment for coverage that has not yet started.
- Request to terminate current coverage – please include requested coverage end date.
- Correcting incorrect coverage details – if you believe there was an error when processing a prior enrollment or termination request (incorrect dates, incorrect plan), please include which information you believe to be incorrect and what you believe to be the correct date/plan.
- Informing us of a Date of Death (must include a copy of the death certificate).

*Mail to:*

UnitedHealthcare Individual and Family Plan  
P.O. Box 30753  
Salt Lake City, UT 84130

*Fax:* 1-844-386-9286

*Upon receipt by United Healthcare Individual and Family Plan, change requests may take 7 calendar days to process and should take effect at the end of the month processing is completed.*