



Employer Verification Form

For state continuation, please complete the following items, which are needed for the subsidy, and return to UnitedHealthcare at the following address (print/type information clearly):

1. **Name of Employer/Company** _____
2. **Group/Customer Number** _____
3. **Employee Policy Number** _____
4. **Employee SSN** _____
5. **Date of Birth** _____

UHCBS including CA, FL, KS, KY, MA, MS, NH, OK, OR, RI, and WV plans

- cobra@uhcservices.com
- P.O. Box 740221
Atlanta, GA 30374-0221

UnitedHealthcare and UHC plans that are not Oxford

- UnitedHealthcare
PO Box 30964
Salt Lake City, UT 84130-0964
- Fax: 248-733-6062 or 248-733-6063

Oxford Plans including student verification forms

- Group service email: groupservices@oxfordhealth.com
- UnitedHealthcare Commercial Enrollment Department
Attn: Enrollment Department
P.O. Box 29142
Hot Springs, AR 71903
- Fax: 888-454-0386

