

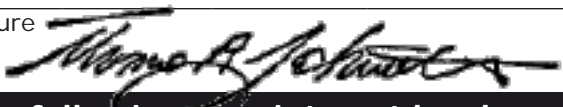
FMO Relationship Hierarchy Addendum



THIS IS A WRITABLE FORM*

Please type in the information below. Use the Tab key to move through the fields.

Please complete and attach this page for all producer transactions.

<input type="checkbox"/> Onboarding	<input type="checkbox"/> Change in Hierarchy	<input type="checkbox"/> Add Appointment State(s)	Client Reference # (If Applicable)
FMO Name/Entity			FMO#
SGA Name/Entity			SGA#
MGA Name/Entity			MGA#
GA Name/Entity			GA#
Agent Name			AGT#
Solicitor Name			SOL#
FMO Signature 			Date

Check the following appointment level:

FMO
 SGA
 MGA
 GA
 AGT
 SOL

Please appoint to the following states (check all that apply):

UnitedHealthcare Medicare Solutions covers the cost to appoint producers in their resident state. Where applicable, non-resident appointment fees will be deducted from the producer's commissions.

AK
 AL
 AR
 AZ
 CA
 CO
 CT
 DC
 DE
 FL
 GA
 HI
 IA
 ID
 IL
 IN
 KS
 KY
 LA
 MA
 MD
 ME
 MI
 MN
 MO
 MS
 MT
 NC
 ND
 NE
 NH
 NJ
 NM
 NV
 NY
 OH
 OK
 OR
 PA
 RI
 SC
 SD
 TN
 TX
 UT
 VA
 VT
 WA
 WI
 WV
 WY
 Territories:
 USVI
 PR
 Guam
 American Samoa

For Internal Use: Broker Sales Review (FMO and SGA only)

UHC Authorization	Date
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Print Name

PLEASE SEND THIS DOCUMENT TO:
EMAIL: uhpcred@uhc.com **Fax:** 1-888-205-7375