

Representative Information Needed for Fingerprinting

Instructions: Complete every field below with your information. Print clearly. This is needed to register you for a fingerprint background check.

- * Last Name _____.
- * First Name _____.
- * Middle Name _____.
- * Date of birth _____.
- * State/Country of birth _____.
- * City of birth _____.
- * Social security number _____.
- * Gender _____.
- * Race _____.
- * Eye color _____.
- * Hair color _____.
- * Height (feet/inches) _____.
- * Weight _____.
- * Country of citizenship _____.
- * Address – Street _____.
- * Address - City, State, Zip Code _____.
- * Phone number _____.
- * Email address _____.

Office use only.

CD Representative Name _____.

Participant Name _____.

Health Care Plan _____.

Date of Enrollment Meeting _____.





If you need help, please contact Consumer Direct at 877-270-9580 or UnitedHealthcare Toll-Free 800- 791-9233; TTY/TTD 711. We are happy to help.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 7:00 p.m.

ATENCIÓN: Si no habla inglés, hay servicios de asistencia con el idioma disponibles sin costo para usted. Llame al **1-800-791-9233, TTY 711.**

ATENÇÃO: Se não fala inglês, estão disponíveis serviços de assistência linguística sem nenhum custo para si. Ligue para o **1-800-791-9233, TTY 711.**