

Diabetes Wellness Program Opt-Out Form

By completing and signing this form, I am electing to **opt-out of** the benefits available only to those members who participate in the DriveTime Diabetes Wellness Program, if I and/or a member of my family are determined to be eligible for the plan.

I understand that by electing to opt-out, I/we will not receive the enhanced benefits available only to those members who participate in the DriveTime Diabetes Wellness Program.

If I and/or a family member are determined to be eligible for the DriveTime Diabetes Wellness Program, and this signed form is not received by UnitedHealthcare by the deadline date of March 15<sup>th</sup>, 2013, understand that I and any covered family members may be enrolled in the DriveTime Diabetes Wellness Program, as communicated by DriveTime.

SUBSCRIBER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax your completed form to Nathan Olson at 602-255-8719 or  
mail to: UnitedHealthcare  
Attn: Nathan Olson  
1 E Washington STE 1700  
Phoenix, AZ 85004