

Electronic Signature Instructions

You have been authorized to complete online documents for **UnitedHealth Group**. The User Name and Password assigned to you will be required throughout this electronic process. During this process, you will be asked to "sign" one or more of the online documents with your electronic signature. **Please read the following carefully regarding the electronic signature process.**

When you have completed a document requiring electronic signature, you will have the option to view the data you have entered into the form, prior to signing the document. You may also save or print any screen throughout this process to capture instructions, directions, etc. for your records. If you would like to make changes to the information you have provided, click on the "Back" button.

To sign the document electronically, click on the "I Agree" button, enter your User Name, click on the "I Confirm" button, enter your Password and click on the "Submit" button. NOTE: *Your electronic signature will not be applied to the document until you correctly enter your User Name and Password and click on the "Submit" button.*

Once the signature process is completed, your electronic signature will be binding as though you had physically signed the document by hand.

You may save or print the document at that time, or within 60 days by logging in again using the address and User Name and Password provided to you. If you do not have Adobe Reader 7 or later, click [here](#) to download the latest version of Acrobat Reader. Click [here](#) for the hardware/software requirements needed to access and retain the electronic records. You may also contact Verifications, Inc. Compliance Department at (800) 247-0717 or compliance@verificationsinc.com for a free copy. Proper identification will be required.

If you prefer to provide your signature in a paper or non-electronic form, please contact **UnitedHealth Group**. Please note delays are possible if the process is completed in a paper/non-electronic format.

If at any point you would like to withdraw your consent to provide an electronic signature, or if you need to update information needed to contact you electronically, please contact Verifications, Inc. Compliance Department at (800) 247-0717 or compliance@verificationsinc.com. You will not be charged for making these requests; however, please note you cannot retroactively withdraw consent. Accordingly, if you withdraw consent, the withdrawal will be effective as of the date it is received.

Please type your name in the signature box below as if you were physically signing a document by hand. The name you type below will be displayed to you and included as part of your electronic signature whenever you agree to electronically sign an online document by using the process noted above.

TYPE YOUR NAME HERE: Patrick O'Shea
RE-TYPE YOUR NAME HERE: Patrick O'Shea

Consent to use Electronic Signatures

I understand and acknowledge that by clicking on the "**I Agree**" button immediately following this notice, entering my User Name, clicking on the "**I Confirm**" button, entering my Password and clicking on the "**Submit**" button that:

- I am consenting to provide an electronic signature as allowed by the Electronic Signatures in Global and National Commerce Act (15 USC 7001), rather than a handwritten signature whenever I sign documents on this system and that these signatures will be binding as though I had physically signed the documents by hand.
- I have been assigned a unique User Name and Password to access this system.
- I certify all the statements and answers set forth are true and complete to the best of my knowledge.

☒ I Agree
☐ I Do Not Agree

Please confirm your consent to provide electronic signatures.

☒ I Confirm
☐ I Do Not Confirm

SIGNATURE Patrick O'Shea

DATE 10/25/12

Consumer Report / Investigative Consumer Report Disclosure and Release of Information Authorization

Through this document, it is being disclosed to me and I understand that a **Consumer Report** or **Investigative Consumer Report** ("Consumer Report") may be prepared about me as part of my application for employment and/or continued employment.

I authorize **UnitedHealth Group** to procure a Consumer Report from **Verifications, Inc.**, and I authorize Verifications, Inc., a US-based Safe Harbor Certified Consumer Reporting Agency, and its agents, to retrieve necessary information and prepare such Consumer Report. I understand that a Consumer Report may be prepared summarizing information from personnel files, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the international, federal, state or county level, relating to my past activities. I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I understand that Verifications may transmit my personal information to its agents and information sources as necessary throughout the course of business. I may request a list of designated agents by contacting Verifications, Inc. at the address listed below. I understand and authorize that some or all of this information about me may be transmitted electronically and, when required, may be transferred across international borders. I understand that supplemental forms and/or authorizations may be required to obtain international information and that host-country and receiving country privacy laws will be observed if information is transferred across international borders.

I may request a copy of any report that is prepared regarding me and "*A Summary of Your Rights under the Fair Credit Reporting Act*". I may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201, USA. Phone 1-800-247-0717 / +1-605-884-1200**

California: Are you employed in, seeking employment in, or a resident of California? ☒ Yes ☐ No

Minnesota or Oklahoma: ☒ Yes ☐ No
Are you employed in, seeking employment in, or a resident of one of these states?

Do you wish to receive a copy of any Consumer Report of which you are the subject? ☒ Yes ☐ No

All Other States: Please contact Verifications at 1-800-247-0717 or the address above to request a copy of your consumer report.

Maine and New York: You have the right, upon request, to be informed of whether a consumer report about you was requested by the above-named company.

New York: Is this position in the state of New York? ☐ Yes ☒ No

I understand and acknowledge that by clicking on the "**I Agree**" button immediately following this notice, entering my User Name, clicking on the "**I Confirm**" button, entering my Password and clicking on the "**Submit**" button that:

- I am consenting to receive this "**Consumer Report/Investigative Consumer Report Disclosure and Release of Information Authorized**" electronically,
- I am consenting to provide an electronic signature as allowed by the Electronic Signatures in Global and National Commerce Act (15 USC 7001), rather than a handwritten signature, and that this signature will be binding as though I had physically signed this Disclosure & Release BGI & SAS Form by hand.
- I am consenting to provide "written instructions" under the Fair Credit Reporting Act authorizing **UnitedHealth Group** to procure a Consumer Report about me from Verifications, Inc. for employment purposes,
- I have been assigned a unique User Name and Password to access this system and I certify that I am **Patrick O'Shea**.
- I certify all the statements and answers set forth are true and complete to the best of my knowledge.
- A photocopy, printout, or electronic copy of this document may be accepted with the same authority as the original, and that if employed by **UnitedHealth Group** this document will remain in effect throughout such employment unless prohibited by applicable law or until I withdraw my authorization in writing.

☒ I Agree
☐ I Do Not Agree

Please confirm your consent to provide electronic signatures.

☒ I Confirm
☐ I Do Not Confirm

SIGNATURE Patrick O'Shea

DATE 10/25/12

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

PERSONAL INFORMATION FORM

Please enter personal information requested below.

Verifications, Inc. conducts background screening for clients throughout North America and around the world. We are defined as a "Consumer Reporting Agency" under US Federal law, Specifically the *Fair Credit Reporting Act, 15 U.S.C 1681 et seq.* We are further regulated by other applicable federal, state, and international laws and regulations.

UnitedHealth Group may request Verifications to prepare a background report (also called a consumer report or investigative consumer report) on you. In order to do so, we need certain key identifiers about you. This information and all information we obtain is maintained securely and confidentially. We do not resell, distribute, or disseminate your information for commercial use other than to your employer/prospective employer, to you, and when legally required. If you have any questions regarding the security or confidentiality of your information, please contact Verifications' Compliance Department at 1.800.247.0717 or compliance@verificationsinc.com.

You are not required to provide the requested information. If you do not provide it, however, Verifications will be unable to prepare your background report and your employer/prospective employer will be unable to consider you for employment, continued employment, and/or promotion.

The information requested below will be used only for identification purposes to prepare your background report.

If you do not have a valid Social Security Number, please enter all zeros in this field.

Social Security Number (###-##-####):*	<div>472-94-0335</div>
Confirm Social Security Number (###-##-####):*	<div>472-94-0335</div>
Date of Birth (mm/dd/yyyy):*	<div>07 / 19 / 1980</div>
High School or Equivalent Graduation Date (mm/dd/yyyy):	<div>06 / 01 / 1998</div>

I understand and acknowledge that by clicking on the "**I Agree**" button immediately following this notice, entering my User Name, clicking on the "**I Confirm**" button, entering my Password and clicking on the "**Submit**" button that:

- *I am consenting to provide an electronic signature as allowed by the Electronic Signatures in Global and National Commerce Act (15 USC 7001), rather than a handwritten signature, and that this signature will be binding as though I had physically signed this Personal Information Form by hand.*
- *I have been assigned a unique User Name and Password to access this system and I certify that I am Patrick O'Shea.*
- *I certify all the statements and answers set forth are true and complete to the best of my knowledge.*

☒ I Agree

☐ I Do Not Agree

Please confirm your consent to provide electronic signatures.

☒ I Confirm

☐ I Do Not Confirm

SIGNATURE Patrick O'Shea

DATE 10/25/12

Background Questionnaire

PERSONAL DATA

If your address is outside the US, please select "Foreign Country" as your State

Last Name* O'SHEA		First Name* PATRICK		Middle Name		
Home Address (Number, Street, P.O. Box)* 1389 Jefferson St		Apt/Suite B602	City* Oakland	State* CA	Zip Code* 94612	Country* United States
Mailing Address - If different than Home Address (Do NOT list P.O. Boxes as a Mailing Address)*		Apt/Suite	City*	State*	Zip Code*	Country*
Home Phone (with area code)* 612-581-1681	Cell Phone (with area code)	Daytime (Work) Phone (with area code) 763-744-2281				
E-mail Address* poshea@uhc.com						

NAMES

Is additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your employment or public record in the past 7 years?* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide name(s) used and date.
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RESIDENCES

If your address is outside the US, please select "Foreign Country" as your State. Please provide all address in last 7 years where you lived, worked or went to school.

Residence 1						
Address* 1389 Jefferson St B602	City* Oakland	State* CA	Zip Code* 94612	Country* United States	From* mm/yyyy 09/2012	To* mm/yyyy Present
Residence 2						
Address* 1919 Silver Bell Rd 311	City* Eagan	State* MN	Zip Code* 55122	Country* United States	From* mm/yyyy 07/2012	To* mm/yyyy 08/2012
Residence 3						
Address* 1758 9th St	City* White Bear Lake	State* MN	Zip Code* 55110	Country* United States	From* mm/yyyy 05/2012	To* mm/yyyy 07/2012
Residence 4						
Address* 299 Harrison Ave	City* St Paul	State* MN	Zip Code* 55102	Country* United States	From* mm/yyyy 02/2001	To* mm/yyyy 05/2012

CRIMINAL HISTORY

<p>NOTE TO APPLICANTS - Thoroughly read and carefully follow the applicable instructions below <i>before</i> answering the criminal history question(s). NOTE: Every effort has been made to ensure the accuracy of this list, however, it is possible that interpretations and/or updates may have occurred, which are not reflected herein.</p> <p>California: Applicants should not disclose convictions that have been sealed, expunged, or statutorily eradicated or any misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed. Applicants should not disclose information regarding arrests or detentions for which a diversion program has been successfully completed. Cal. Code Regs., tit. 2, § 7287-.4. Applicants shall not disclose records of arrest, indictment, information, misdemeanor complaint, or conviction of a crime that, from the date of disposition, release, or parole, antedate the report by more than (7) seven years. Further, these items shall not be reported if in the case of a conviction a full pardon has been granted, or in the case of an arrest, indictment, information, or misdemeanor complaint a conviction did not result. Cal. Civ. Code §1785.13.6. Applicants shall not disclose marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away of up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana. Cal Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or</p>
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City of Philadelphia: Applicants should not provide criminal history information until after the first interview. An interview is defined as any direct contact by the employer with the applicant, whether in person or by phone, to discuss the employment being sought or the applicant's qualifications. Philadelphia Code Title 9 Chapter 9-3000. **Additional information/instruction available upon selection of "Philadelphia" in the dropdown below.**

Connecticut: Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath. Conn. Gen. Stat. § 31-51i(c).

District of Columbia: Applicants should be aware that employers may obtain criminal history records only of convictions and forfeitures of collateral that have occurred within ten (10) years of the time that such record is requested. DC ST § 2-1402.66.

Georgia: Applicants are not required to disclose information pertaining to any "first offender discharge." Ga. Code Ann. § 42-8-63.

Hawaii: Applicants should not provide criminal history information unless a conditional offer of employment has been made. Haw. Rev. Stat. § 378-2. **Additional information/instruction available upon selection of "Hawaii" in the dropdown below.**

Illinois: Applicants are not obligated to disclose sealed or expunged records of conviction or arrests. 20 Ill. Comp. Stat. §2630/12(a).

Massachusetts: Applicants should not provide criminal history information on an initial written application. Employers may inquire into certain criminal convictions during or after the first interview. M.G.L. Ch. 151B §4(9½). **Additional information/instruction available upon selection of "Massachusetts" in the dropdown below.**

Montana: Applicants should be aware that Consumer Reporting Agencies may not report convictions which, from date of disposition, release, or parole, antedate the application by more than seven (7) years. MCA §31-3-112.

Nevada: Applicants should not disclose any criminal proceeding which antedates the application by more than seven (7) years. NRS598C.150.

New Mexico: Applicants should not disclose arrests and indictments pending trial, or convictions of crimes, whose date of release or parole antedates the application by more than seven (7) years. NM Ch. 56 Art. 3 §6.

Washington: Applicants should be aware that employers may not inquire into conviction records that antedate the request by more than ten (10) years and only when the conviction reasonably relates to the applicant's fitness to properly perform the job for which the applicant is applying. Wash. Admin. Code § 162-12-140 c.

I am a Applying for a Position in* **Other (applications for all other locations select "Other")**

In addition to the state/city limitations previously noted, do not include convictions or adjudications that were annulled, sealed, eradicated, expunged, pardoned, or dismissed. Conviction of a crime is not an absolute bar to employment. Factors such as the age of offense, evidence of rehabilitation, seriousness of violation, and job relatedness are considered in all employment decisions.

1. Have you been convicted of a crime?

☐ Yes ☒ No

2. Have you received an alternative adjudication within the past seven years?

☐ Yes ☒ No

3. Do you have any open warrants or charges pending against you?

☐ Yes ☒ No

I certify that the information I have provided in this document and the statements made by me are complete and true to the best of my knowledge; and I authorize investigation of all information I have provided. I understand that any false information, omissions, or misrepresentations of the facts I have presented may result in rejection of my application or, if I am employed, my discharge at any time during my employment regardless of when false answers or omissions are discovered.

I understand that this is not an employment contract. If I am offered employment, I agree to submit to legally permissible background screening, substance abuse testing, and/or physical examination. I understand that, if employment is offered, it will be contingent upon the results of my background check, substance abuse test, and/or physical examination and such results being considered satisfactory based upon the position/s for which I am applying. I understand that my information in this application may be shared with other Company employees for administrative purposes and hereby consent to such sharing.

I understand that if I am offered employment, I may be required to sign a non-solicitation and nondisclosure agreement as a condition of employment.

Massachusetts Applicants: I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. M.G.L. Ch. 149 §19B(2)(b).

Maryland: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. MD Labor and Employment Code §3-702. By signing this application you acknowledge receipt of the above disclosure.

I authorize all persons, schools, companies, law enforcement agencies, and consumer reporting agencies to release any and all information regarding my background.

I understand and acknowledge that by clicking on the **"I Agree"** button immediately following this notice, entering my User Name, clicking on the **"I Confirm"** button, entering my Password and clicking on the **"Submit"** button that:

- *I am consenting to provide an electronic signature as allowed by the Electronic Signatures in Global and National Commerce Act (15 USC 7001), rather than a handwritten signature, and that this signature will be binding as though I had physically signed this Direct Deposit Form by hand.*
- *I have been assigned a unique User Name and Password to access this system and I certify that I am Patrick O'Shea.*
- *I certify all the statements and answers set forth are true and complete to the best of my knowledge.*

☒ I Agree
☐ I Do Not Agree

Please confirm your consent to provide electronic signatures.

☒ I Confirm
☐ I Do Not Confirm

SIGNATURE

Patrick O'Shea

DATE

10/25/12

UNITEDHEALTH GROUP

**AUTHORIZATION FOR LIMITED RELEASE
OF PERSONAL INFORMATION**

I hereby authorize UnitedHealth Group to release all information obtained through the background check performed by Verifications, Inc. (including criminal history and credit information) to Health Net Federal Services. I understand that Health Net Federal Services will use the information for purposes of providing National Agency Check support services to UnitedHealthcare Military & Veterans, LLC. I acknowledge that UnitedHealth Group has informed me that it will release this information to Health Net Federal Services.

I acknowledge that I have read this form and agree to its contents.

I understand and acknowledge that by clicking on the "**I Agree**" button immediately following this notice, entering my User Name, clicking on the "**I Confirm**" button, entering my Password and clicking on the "**Submit**" button that:

- *I am consenting to provide an electronic signature as allowed by the Electronic Signatures in Global and National Commerce Act (15 USC 7001), rather than a handwritten signature, and that this signature will be binding as though I had physically signed this Authorization for Limited Release of Personal Information Form by hand.*
- *I have been assigned a unique User Name and Password to access this system and I certify that I am PATRICK O'SHEA.*
- *I certify all the statements and answers set forth are true and complete to the best of my knowledge.*

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