

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 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. 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 _____

DATE _____