

Consent to Annual Criminal Background Check

DISCLOSURE

In connection with your continuing employment, UnitedHealth Group (the Company) will obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you will be the subject of a consumer report which will include information regarding any prior criminal history. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of this consumer report. Please be advised that the nature and scope of the consumer report to be obtained is an investigation into your criminal history conducted by:

**Verifications, Inc.,
1425 Mickelson Drive
Watertown, SD 57201, USA.
Phone 1-800-247-0717 / +1 605-884-1200.**

For a copy of Verifications' privacy practices, visit www.verificationsinc.com/eng/privacy.cfm

AUTHORIZATION I hereby authorize the obtaining of criminal background consumer reports by the Company at any time after receipt of this authorization and throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, or state or federal agency, to furnish any and all criminal background information requested by **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201, USA. Phone 1-800-247-0717 / +1 605-884-1200**, another outside organization acting on behalf of the Company, and/or the Company itself. I further authorize the Company to make use of the above-referenced information in evaluating terms and conditions of my employment. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that I have the right to prevent the background check described above by not consenting to this criminal background check. I understand that if I decline I will be in violation of the Company's Annual Background Check Policy and I will be subject to disciplinary action up to and including termination of employment.

New York employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

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: Are you employed 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 05/16/11