



MAR 12 2018

Attn: **DEBRA FUSCO**

The following information is being provided in accordance with IRS and U.S. Department of Labor requirements and is intended to be used in preparing the Schedule A of the Form 5500 for employee benefit plans subject to ERISA reporting requirements. The information summarized below only reflects the benefit coverage for all policies active during the preceding contract year. Please note that if you have benefit coverage with multiple carrier entities, you may be receiving additional information pertinent to those policies.

Part 1,	Item 1(a): Name of Insurance Carrier/HMO:	UnitedHealthcare of California
	Item 1 EIN:	95-2931460
	Item 1(c): NAIC Code:	
	Item 1 Contract ID # (See attached for a complete list of active groups):	900140
	Item 1(e): Number of Persons (Subscribers) Covered at End of Policy or Contract Year:	2
	Item 1(f) Beginning Date of Policy or Contract Year:	1/1/2017
	Item 1 End Date of Policy or Contract Year:	12/31/2017
	Item 2(a): Commissions or fees paid:	\$0.00
	<u>Broker #1</u>	<u>Broker #2</u>
	NON-BROKERED ACCOUNT	
	5701 W KATELLA AVE	
	CYPRESS CA 90630	
	Item 2 Commission Paid:	\$0.00
	Item 2(c): Fee Paid:	
	Item 2 Purpose of fee*: Bonus	Bonus
	" Broker #3	<u>Broker #4</u>

Item 2	Commission Paid:	
Item 2(c):	Fee Paid:	
Item 2	Purpose of fee*: Bonus	Bonus

* The premium calculation for your benefit plan policy(ies) remains the same regardless of a bonus payment being made.

Part III, Item 7: Benefit and Contract Type:

UnitedHealthcare Signature Value™ (IIMO)

Item 9(a): Total Premium or Subscription Charges Received: \$6,204.48

The carrier does not make a distinction between employer groups subject to ERISA and employer groups exempt from ERISA. **Please contact your benefits or tax adviser to determine if you are required to file the Form 5500 and associated schedules.** Please call us at (800) 591-9911 if you have any questions regarding the information provided. Thank you and we appreciate your business.

UnitedHealthcare of California
Broker Commissions and Credentialing-5500 Processing
5701 Katella Avenue-Mail Stop CA120-0318
Cypress, CA 90630

CA UD:0311
CC:
C000784



UnitedHealthcare®

Broker Commissions and Credentialing

Tel: (800) 591-9911
5701 Katella Avenue
Cypress, CA 90630
www.uhcwest.com

Date: 02/25/2018

5500 Forms Roll Up Report

C000784: SYLVAN UNION SCHOOL DIST

UnitedHealthcare of California

Group Number: 900140

Time Period Covered: 1/1/2017 to 12/31/2017

Total Premiums: \$6,204.48

Group Numbers Included:

Group No.	Group Name	App Amount
900140	SYLVAN UNION SCHOOL DIST	\$6,204.48

Reference Number: C000784

SR: