

## **Authorization to Use Information for Marketing and Communications**

Before UnitedHealth Allies (a UnitedHealthcare discount program) can provide you with information about participating in a discount program with Amazon, we need your authorization to access and use your information to send communications to you.

### **I understand and agree that:**

- this authorization is voluntary;
- the purpose of this authorization is to obtain my agreement to participate in a UnitedHealthcare/Amazon discount program and to allow UnitedHealthcare to send communications to my email or home address about this discount program, which will provide discounts on eligible health and wellness related products at Amazon;
- information that UnitedHealthcare may access and use for these purposes includes my enrollment information, including my name, member ID, health plan policy ID, home address, and email address;
- I will not be denied treatment, payment for health care services, or enrollment or eligibility for health care benefits if I do not sign this form;
- if I give my information to a third party, such as Amazon, it may be subject to re-disclosure by the recipient, and if the recipient is not a health plan or health care provider, the information may no longer be protected by the federal privacy regulations;
- this authorization will expire one year from the date I sign the authorization; and
- I may revoke this authorization at any time by accessing this site and updating my account; however, the revocation will not have an effect on any actions taken prior to the date my revocation is received and processed.

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