

QUAPAW NATION

P.O. Box 765
Quapaw, OK 74363-0765

(918) 542-1853
FAX (918) 542-4694

November 28, 2018

Dear Tribal Member:

This letter is to inform that effective January 1, 2019, administration of the Quapaw Tribal Member Plan will change from Native Care Health to UMR. UMR is a third party administrator owned and operated by United Health Care.

There will be no changes to the benefits of the Tribal Member Plan in 2019. Plan benefits will remain the same as 2018 plan benefits.

You will receive a welcome letter from UMR, along with your new Tribal Member Plan insurance card and additional information about UMR later in December.

In addition, the Quapaw Nation's Social Services Department will be administering the end of life benefit that is available for each tribal member. However, it is important that beneficiary forms be completed and on file with the Social Services Department. We have included a beneficiary form with this letter. We ask that you please complete the form and return to the Social Services Department, Attn: Patti Rice.

Should you have questions, please contact me at the tribal office at 918-542-1853.

Thank you,



Eric J. Bohn
Chief Financial Officer
Plan Administrator

MEMBER INFORMATION

Beneficiary Form

ACTION REQUIRED



BENEFICIARY INFORMATION - If no beneficiary is listed the Quapaw Nation is not required to pay the end of life or funeral expenses.

- *Please only complete this form if you are an enrolled Quapaw Nation member
- *Please fill out one form for each member
- *It is very important that you provide the beneficiary information requested below

Your Information (please print)				

()	ROLL #	SS#	Date of Birth	(Phone Number)
Last	First	MI		
(Address)		(City)	(State)	(Zip)
Primary Beneficiary		Relationship	Social Security Number	Date of Birth
Name				% (total must equal 100%)
Address				
Phone				
Contingent Beneficiary(ies)		Relationship	Social Security Number	Date of Birth
Name				% (total must equal 100%)
Address				
Phone				
Contingent Beneficiary(ies)		Relationship	Social Security Number	Date of Birth
Name				% (total must equal 100%)
Address				
Phone				

This Form must be NOTARIZED

(Signature of Tribal member)

(Print Name)

(Date)

Please return to: Quapaw Nation, Attn: Patti Rice, P.O. Box 765, Quapaw, OK 74363