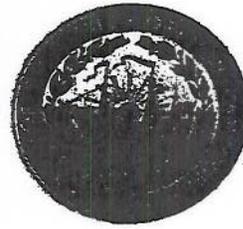


# FAX COVER SHEET



83,301

**Mailing Address:**  
32 South Main Street  
Concord, NH 03301-4857

**Location Address:**  
10 West Street  
Concord, NH 03301-4857

**Fax # 603-229-4321**

To: US DOL  
(Name)  
Div of TAA  
(Office)  
202-693-3584  
(Fax #)

From: Jeri Jewell  
(Name)  
Operations Unit / TAA Unit  
(Section)  
603-229-4355  
(Telephone #)

Date: 12/16/2013

Cover Sheet +  = Total Number of Pages

**Subject of Fax:**

Petition for TAA

The documents accompanying this facsimile transmission contain information from the records of the N.H. Department of Employment Security, which are considered confidential and privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this communication is subject to criminal penalties. If you have received this communication in error, please notify us by the above telephone number immediately so that we can arrange for retrieval of the original documents at no cost to you.

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U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342  
Expires: 3/31/2016

## Petition for Trade Adjustment Assistance (TAA)

### Section 1. Petitioner Information

83,301

Provide petitioner information below. Three workers from the same firm completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union.

	Petitioner 1	Petitioner 2	Petitioner 3
a) Name	David J. Lauth		
b) Title	Sr. Assoc. General Counsel		
c) Street Address	9900 Bren Road East		
	MN008-T502		
City	Minnetonka		
State, Zip	MN, 55343		
d) Phone – Main	952-936-7170		
e) Phone – Alternate			
f) E-mail	david.lauth@uhg.com		
g) Worker Separation Date	January 10, 2014		
h) Petitioner Type: (please check one)	<input checked="" type="checkbox"/> Three Workers <input type="checkbox"/> State Workforce Office	<input type="checkbox"/> Company Official <input type="checkbox"/> American Job Center	<input type="checkbox"/> Union Official (Union Name _____) <input type="checkbox"/> Other Authorized Representative
i) Describe the worker group on whose behalf this petition is being filed:	Claim Auditors working in the Claim Quality area of UnitedHealthcare's Business Process Quality Management department.		

### Section 2. Workers' Firm

Provide information on the firm employing the worker group. Complete items (a) – (g) regarding the employing firm. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (h) – (m) regarding the firm at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the location where they work. All other petitioner types may apply on behalf of more than one location. State offices and American Job Centers may file for workers at multiple locations of a firm within their State. If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary.

#### Employer (Firm)

a) Name of Firm	UnitedHealthcare
b) Street Address	48 Monroe Turnpike
City	Trumbull
State, Zip	CT 06611
c) Phone	203-459-6200
d) Website (if known)	
e) Describe the article produced or service supplied by this firm	This group performs claim audits for UnitedHealthcare
f) How many workers have been or may be separated (if known)?	7
g) Is the firm or any part of the firm closing (if known)? If yes, when?	No

If the workers work at a location that is different from that listed in item a) and b), then fill out items h) through m) for that location:

h) Name of Firm	UnitedHealthcare
i) Street Address	14 Central Park Drive
City	Hooksett
State, Zip	NH 03106
j) Phone	
k) Describe the article produced or service supplied by this firm	This group performs claim audits for UnitedHealthcare
l) How many workers have been or may be separated (if known)?	2
m) Is the firm or any part of the firm closing (if known)? If yes, when?	No



### Petition for Trade Adjustment Assistance (TAA)

#### Section 3. Trade Effects on Separations

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm are due to foreign trade. (Example: Production has been/is being shifted to a foreign country, services are being outsourced to a foreign country, increased imports of articles or services, loss of business with a TAA-certified firm.)

The changing dynamics of the healthcare system, such as the increasing costs of care that federal and state governments, employers and individuals are facing, require UnitedHealthcare to find ways to reduce costs and gain efficiencies so that we can provide people with access to high-quality, affordable health care. As a result, the work that has been performed by these employees is being relocated.

2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

I have attached additional information or supporting documents.

3. Provide contact information for two company officials, one of whom should be a dislocated worker's supervisor. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

	Official 1	Official 2
a) Name	David J. Lauth	Anna Odden
b) Title		
c) Phone – Main		
d) Phone – Alternate		
e) Fax		
f) E-mail		

#### Section 4. Affirmation of Information

The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). For this petition to be valid, each of the petitioners listed in Question 1 must sign below and the Petition Form must be dated. By signing below, you agree to the following statements:

"I declare that to the best of my knowledge and belief the information I have provided is true, correct, and complete."

a) Signature	<u>David J. Lauth</u>	_____	_____
b) Name (Print)	<u>David J. Lauth</u>	_____	_____
c) Date of Petition	<u>12/9/13</u>	_____	_____

**UNITEDHEALTH GROUP®**

December 9, 2013

**David J. Lauth**  
9900 Bren Road East · MN008-T502  
Minnetonka, Minnesota 55343  
Phone: 952.936.7170  
Fax: 952.936.1745  
Email: david.lauth@uhg.com

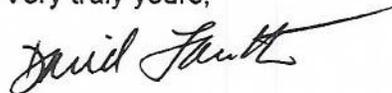
Ms. Jeri Jewell  
New Hampshire Employment Security  
32 South Main Street  
Concord, NH 03301

Re: Petition for Trade Adjustment Assistance

Dear Ms. Jewell:

I am employment counsel for UnitedHealth Group, Inc. I enclose a Petition for Trade Adjustment Assistance in connection with nine employees (two of whom are located in New Hampshire) who are currently employed as Claim Auditors in the Claim Quality area of UnitedHealthcare's Business Process Quality Management department, but whose employment is expected to terminate on or about January 10, 2014. If you need any additional information, please feel free to contact me directly.

Very truly yours,



David J. Lauth  
Senior Associate General Counsel,  
Employment Law

Enclosure