

Case submission checklist for final quote

PDF versions of the documents below can be uploaded to uhceservices.com.

The following items are required for final quoting. All items are essential for successful and timely turnaround on your final rates request. Incomplete items may cause delays.

- ☐ **Plan Sponsor** (additional required information after street/preliminary quote is completed)—this information can be provided in the notes section of uhceservices.com

- ☐ **Plan Sponsor Application**

- ☐ PDF versions of the plan sponsor application should be uploaded to the group record in uhceservices.com
- ☐ All questions answered completely
- ☐ Signed and dated by both plan sponsor and broker on all indicated pages
- ☐ Payment Authorization Form (needed regardless of type of payment)

Note: The plan sponsor must sign and completely fill out the Authorization portion if selecting EFT. The account holder's name must match or be similar to the plan sponsor's name. DBA or another company that has common ownership with the plan sponsor is acceptable. Details from a group's PEO or agent are not acceptable.

- ☐ **First Month's Premium**

- ☐ A copy can be uploaded to uhceservices.com
- ☐ Send the original initial check to:
United HealthCare Services, Inc.
P.O. Box 959782
St. Louis, MO 63195-9782

(If overnighting the check, please use
U.S. Bank, 3180 Rider Trail S., Earth City, MO 63045)
- ☐ Electronic Fund Transfer (EFT)

- ☐ **Reconciled Wage and Tax Report** (most recent)

- ☐ All pages must be included, and all plan participants must be labeled according to their current employment status (Full-Time, Part-Time, Terminated, etc.)
- ☐ If group is a new business and does not yet have a W&T Report, please provide the most recent payroll report
- ☐ If the group is from the state of Florida, a reconciled UC5 Form is acceptable

Checklist for Final Quote (continued)

☐ **Excess Loss Insurance Application**

- ☐ Filled out completely
- ☐ Signed and dated by both the agent and the plan sponsor

☐ **Billing and Collection Agreement**

- ☐ PEPM value entered
- ☐ Signed and dated by plan sponsor and broker

Note: Plan sponsor signs twice (once on Page 3 and once on Page 4).

☐ **New York Surcharge Forms**

- ☐ If the paperwork is received after the first of the month, the election will not be effective until the following month

☐ **Stop Loss Disclosure Form** (only required for Nevada groups 10–50 eligible)

☐ **Specialty Plan Sponsor/ER Application** (If Specialty is elected)

☐ **Plan Participant Applications**

- ☐ PDF versions of the applications should be uploaded to the group record in uhceservices.com
- ☐ Waiving plan participants must provide their name and must sign the waiving portion of the application
- ☐ Plan participants electing coverage must complete the following information:
 - ☐ Plan participant height and weight (required for additional plan participants or those requesting census changes)
 - ☐ Plan participant Social Security number
 - ☐ Plan participant date of birth and gender
 - ☐ Plan participant date of hire
 - ☐ Plan participant address, phone number and email address
 - ☐ Dependent(s) height, weight and gender
 - ☐ Dependent(s) date of birth
 - ☐ All medical questions answered
 - ☐ Details must be provided for any “Yes” answers to medical questions
 - ☐ Signed and dated by the plan participant

☐ **Disabled Dependent over allowable age must complete and submit the disability form signed by plan participant and physician**

Note: For groups that have already completed medical applications for preliminary quoting, new applications or waivers are only needed for additional plan participants that have been added to the census. However, if all details were not originally provided on the applications for preliminary quote, those details will now be required for final quoting purposes.