

Case submission checklist for final quote

Member level census

PDF versions of the documents below can be uploaded to uhceservices.com. The following items are required for final quoting—member level census underwriting for groups with 10+ enrolled. 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 quote/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

- 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 UHS Billing,
Attn: Lockbox 959782, 1005 Convention Plaza, St Louis, MO 63101)
 - Electronic Fund Transfer (EFT)

- Excess Loss Insurance Application**
 - Filled out completely
 - Signed and dated by both the agent and the plan sponsor

Checklist for final quote — Member level census (continued)

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

Demographic Spreadsheet or Plan Participant Applications (for plan participants electing health coverage)—Excel template or PDF versions of the applications should be uploaded to the group record in uhceservices.com. The following information is needed for all electing plan participants and their dependents to provide an underwritten quote:

- Name (first and last)
- Gender
- Date of birth
- Home ZIP code
- Indication of dependents (spouse, children)
 - Social Security numbers
 - Home address of plan participant
 - Email address of plan participant