

United Healthcare (Pennsylvania)
Guidelines for Submission of New Business for Groups of 2-50 Employees
***This form must be submitted with ALL United Healthcare New Business**

Group Name _____

Effective Date of Coverage (must be submitted within 10 days of the effective date) _____

Broker Name & Agency _____

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 Binder Check

- _____ Made payable to United Healthcare
- _____ Equal to first month's premium
- _____ On company check stock (if company stock is not available, an explanation on company letterhead is needed)
- _____ Company name and address must be consistent with the corresponding enrollment forms

Fast Track Underwriting Checklist/Coversheet

Employer Application for Small Business

- _____ Effective date must be indicated and meet the submission deadline
- _____ Group name and address are clearly identified and are consistent with the binder check and corresponding forms
- _____ Name of correspondent must be consistent throughout the submission
- _____ SIC code and nature of business
- _____ Must indicate the precise plan and must match original quote
- _____ Every section must be fully completed due to medical underwriting including the employer eligibility/employee status
- _____ Must be reviewed, signed and dated by an Officer, Partner, or Proprietor and a witness

Most recent UC2A (State Quarterly Wage Report)*

- _____ Mandatory for all groups regardless of size (2 weeks payroll verification for new hires not listed on the report)
- _____ All employees appearing on the report are identified (e.g., enrolling, waiving, part-time, terminated or not eligible)
- _____ Newly formed companies without a UC2A must submit 2 weeks payroll verification for all employees.

**Please note that United Healthcare reserves the right to request any further documentation to prove the legitimacy of the group's small employer status in Pennsylvania.*

Recent Prior Carrier Bill

- _____ Must list employees
- _____ Bill must be within 3 months of requested effective date

Employee Applications

- _____ Must indicate group name, effective date and date of hire
- _____ All sections must be completed in full including medical history.

Waivers

- _____ Pages 1 & 4 of the employee application must be completed
- _____ Provide carrier name & policy number
- _____ Employee must indicate reason for waiving coverage and sign.
- _____ Please note that legitimate waivers count towards a group's 75% participation requirement

Philadelphia Benefits created this checklist as a guide. The carrier has the right to request additional information at any time during the enrollment and underwriting process.

Copy of sold rate quote

_____ Must be approved by an Officer, Partner or Owner of the group

Prior Carrier Termination letter (if though Philadelphia Benefits LLC)