

# Broker Checklist for Preliminary Quote & Case Submission (rev. 02/21)

Thank you for your new group request for proposal (RFP) and submission.

The following items are required for **preliminary quoting**. Incomplete items may cause delays.

**Agency information:**

- Writing agent name.
- Agency name.
- Agency full address.
- Email address to send completed quote.
- Your UnitedHealthcare Account Executive's name.

**Group information:**

- Group name.
- Group's physical address with ZIP code.
- SIC code or type of industry.
- Requested effective date.
- Total number of eligible employees as of the requested effective date.
- If the request is a carve out, indicate the number of eligible employees for the carve out and the number of employees who would be eligible if the coverage were offered to all employees.
- Requested product lines and benefits: medical, dental, vision, life, disability (short-term [STD] and long-term [LTD]).
- Current carrier name for requested product lines (indicate if group has any current coverage with UnitedHealthcare).
- COBRA enrollees indicated on the census.
- Employee census — Excel format should include each member's name, relationship, gender, date of birth (including all dependents), state/ZIP code and product selection. Example shown below:

UnitedHealthcare Quote Request Census - EXAMPLE													
Include all full-time employees enrolling. Enter each member (EE, SP or CH) on a separate line.													
Relationship	Last Name	First Name	Gender	Date of Birth	State	ZIP	Medical	Dental	Vision	Life	STD	LTD	Annual Salary
EE	Example A	Employee	M	12/34/5678	AZ	85003	Y	Y	Y	Y	Y	Y	\$-
SP	Example A	Spouse	F	12/34/5678			Y	Y	Y	N			
CH	Example A	Child	M	12/34/5678			Y	Y	N	N			
CH	Example A	Child	F	12/34/5678			Y	Y	N	N			
EE	Example B	Employee	M	12/34/5678	AZ	85003	Y	Y	Y	Y	Y	Y	\$-
SP	Example B	Spouse	F	12/34/5678			N	Y	Y	N			

**NOTE:** A full-time employee is one who actively works on a full-time basis (per state guidelines), is earning at least minimum wage per the Fair Labor Standards Act, and is referred to as a "common law employee" under Health Care Reform (HCR) guidelines (see [AZ Tax Documentation Guidelines](#)) for details on common law employees). The following are not eligible for coverage: Part-time employees, volunteers, and seasonal employees not working 9 continuous months of the year and not working the minimum number of hours required.



## Case installation of a 2-50 sold group must be submitted through a General Agent.

Below is a list of the documentation that might be required.<sup>1</sup> Incomplete items may cause delays.

Please submit all applicable group documentation to the General Agent of your choice.

- Completed UnitedHealthcare [Employer Application for 1–50 business](#) (including employer and broker signatures).
- UnitedHealthcare’s New Business Enrollment Spreadsheet (or completed [employee applications](#))<sup>2</sup>. Plan codes must be supplied for each product into which the employee is enrolling - either on the spreadsheet or on each application.
- Product and Benefit Selection Form ([AZ023](#), [AZ024](#), [AZ025](#)) reflecting all plans sold even if there is no enrollment on some of the plans.
- Quote with sold rates.<sup>3</sup>
- Copy of binder check<sup>4</sup> payable to UnitedHealthcare, or the UnitedHealthcare [Direct Debit Form](#). Micro groups (with less than 3 eligible employees) are required to utilize EFT/direct debit as their payment option. UnitedHealthcare cannot accept an alternate form of payment for these groups. For all other new business sales, [live binder checks](#) should be submitted using the [Prime Binder Check Coversheet](#). All subsequent monthly premium payments should be sent to the address shown on the group's remittance stub.
- Financial documentation - refer to the [AZ Tax Documentation Guidelines](#) for groups with 2–9 eligible employees. Groups with 10–50 eligible employees only require a [Participation Certification Form](#) (instead of financial documentation).
- For groups with 1099 employees, the completed [Common Law Employee \(1099\) and Fact Attestation Form](#) must list all 1099/Independent Contractors. Also required is a written contract or agreement between the employer and the 1099/Independent Contractor, in addition to the most recent 12 weeks of payment records showing hourly/weekly/or salaried with paid vacation and sick days, expense reimbursement, records, evidence of pension, other insurance and employee benefits, and an IRS SS-8 if applicable. Please refer to the [AZ Tax Documentation Guidelines](#) for further information.
- Groups with common ownership must complete and submit the [Common Ownership Form](#).
- Groups utilizing the services of a PEO must complete and submit the [PEO Attestation Form](#).
- To cover commissioned employees, the employer must complete the [Commissioned Employees Form](#) if the commissioned employees are not indicated on a wage and tax statement or acceptable payroll. A year-to-date payroll ledger showing earnings for the commissioned employees must be submitted, if available.

### HELPFUL INFORMATION AND TOOLS

- Participation minimum is 50% of full-time Eligible Employees (waiver forms not required).
- Employee Coverage Contribution of 50% or \$150 Defined Contribution is required.
- Attachments/Forms:
  - [AZ Tax Documentation](#)
  - [Commissioned EEs](#)
  - [Common Law EE/1099](#)
  - [Common Ownership](#)
  - [Direct Debit](#)
  - [Participation Certification](#)
  - [PEO Attestation](#)
  - [Prime Binder Check Coversheet](#)
  - [Product/Benefit Selection AZ023](#)
  - [Product/Benefit Selection AZ024](#)
  - [Product/Benefit Selection AZ025](#)
  - [SSN Attestation](#)
  - [UHC AZ Employee App](#)
  - [UHC AZ Employer App](#)

NOTICE: Deductible and out-of-pocket credit is available for employees and dependents who were enrolled under the group health plan being replaced by UnitedHealthcare. A prior carrier report should be submitted to your UnitedHealthcare representative within 90 days of the group's effective date.

- 1) UnitedHealthcare and our General Agent partners in Arizona reserve the right to request any additional supporting documentation for any submission.
- 2) Spreadsheets and applications must include Social Security numbers (SSN) for all individuals applying. An [SSN Attestation Form](#) is required if SSN is not available or the employee is unwilling to provide and must be signed by the individual applying.
- 3) If final enrollment differs from the enrollment reflected on the sold quote, rates or monthly premium will change.
- 4) Please include the group's Tax ID number in the memo section of the check.

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