

New Business Binder Check Coversheet	
Group Name	
Federal TAX ID#	
Group Number	
Policy Eff Date	
Check #	
Amount#	
Ensure check is written out to UHC Include customer name & TAX ID # on check Send check to below address	
Street Address:	Overnight Address:
UHS Premium billing PO Box 94017 Palatine, IL 60094-4017	UHSPremium Billing Attn: Box 94017 5505 N. Cumberland Ave. Suite 307 Chicago, IL 60656-1471

**** California Groups are sent to a different address.**

Street Address:

UHC- UnitedHealthcare of California
 PO Box 843118
 Los Angeles, CA 90084-3118

Overnight Address:

UHC- UnitedHealthcare of California
 Wells Fargo Bank E2001-049
 Lockbox 843118
 3440 Flair Drive
 El Monte, CA 91731