

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

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

**Street Address:**

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

**Overnight Address:**

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