

# Florida — New business checklist

Please use the sales automation management (SAMx) tool for all 2–50 quoting and enrollment. Visit [uhceservices.com](https://uhceservices.com) and access the SAMx tab for faster quoting and case submission.

## Forms

### Employer application

The UnitedHealthcare group application form must be completed and signed both by the employer and agent. Only completed original group applications will be accepted.

### Enrollment spreadsheet

Enrollment forms not required if spreadsheet is used. Do not include waivers on spreadsheet.

### Employee applications

If an enrollment spreadsheet is not used, member enrollment forms must be completed (including the employee section at the top of the form), dated and signed for all eligible employees, including those waiving coverage.

COBRA enrollees are not counted as eligible employees when determining group size.

Waivers must be completed, signed and dated by the employee.

#### Valid Waivers

Individual, Individual Exchange, Spousal, Champus (Military), Tricare, VA, Other group coverage from a different employer, Retiree through group coverage, COBRA from previous employer, Medicare, Parents, Foreign Government coverage, UnitedHealth One & Religious Beliefs.

#### Invalid Waivers

Medicaid, Cost, Do not want or Other Group Coverage from the same employer.

### Product selection form\*

The product selection form must be completed and signed by the employer.

\*Not required if installing group in SAMx.

### Please note

Proposed rates are based on census data originally submitted and are valid only for those employees and dependents who reside or work in the designated service area. Final rates will be based on actual enrollment on the effective date of coverage. No group should cancel their coverage until they have received approval and final rates from UnitedHealthcare.

UnitedHealthcare Insurance Company and/or Neighborhood Health Partnership, Inc. will be the sole carrier(s) for medical benefits.

If not appointed with UnitedHealthcare, quote requests must be emailed to [sequotes@uhc.com](mailto:sequotes@uhc.com).

# Financial

## Contribution

Minimum employer contribution is 50% of the single employee rate on selected plan.

## Binder check

Binder checks with first month premium required with application. Please include tax ID on the check and mail to the following location:

### Standard address:

UHS Premium Billing  
PO Box 94017  
Palatine, IL 60094-4017

### Overnight address:

UHS Premium Billing  
Attn: Box 94017  
5505 N. Cumberland Avenue, Ste. 307  
Chicago, IL 60656-1471

## RT-6

If required to file an RT-6, UnitedHealthcare/Neighborhood Health Partnership requires all groups with fewer than 10 eligible subscribers to submit a signed copy of their current RT-6/quarterly wage and tax report with their new business submissions. Groups with 10–50 eligible subscribers may submit the Participation Certification form in lieu of the RT-6 and/or payroll. For groups with PEO, affiliate or common ownership, additional documentation may apply. Please contact your local account executive. All enrollees must appear on the submitted, filed tax documents unless they are new hires and their date of employment falls within the preceding quarter. If not required to file an RT-6, the most current payroll statement, 1 document from (see below) Box A (if applicable for your business), and 1 from Box B are required to establish eligibility.

All self-employed individuals and sole proprietors must be able to document taxable income in 1 of the 2 previous years as indicated on IRS Form 1040 Schedule C or F. If the previous year’s tax documentation is not available, requests for a tax filing extension will be accepted, subject to providing the most current payroll statement. All tax documents must be signed copies of the original documents or, if submitted electronically, a copy of the document with a copy of the electronic acknowledgment.

Box A	Box B
Current business, state, or occupation or occupation’s license Articles of incorporation Partnership agreements	IRS Form 941 (not-for-profit use only) IRS Form 1040 (with a Schedule C or F) IRS Form 1065 – Partnership Income (with K-1) IRS Form 1121/1120S – Corporate Income (with K-1)

# Participation

## 50% minimum participation

All 2–50 employer groups must meet a 50% participation requirement (after valid waivers) for new business eligibility. For example, if an employer group has 20 total employees with 10 valid waivers, then 50% of the remaining 10 eligible employees equals 5. The group must enroll a minimum of 5 employees to meet the 50% participation requirement.

## Eligible employees

Eligible employees are those employees who are working a minimum of 25 hours per week and who have satisfied any waiting period as required by the employer. Employees in their waiting period are not eligible. When determining if adequate participation levels are met, UnitedHealthcare does not count as eligible any employee who has qualifying existing coverage in another employer-based group insurance plan or an ERISA qualified self-insured plan.

## 1099

Individual contractors paid by 1099 are eligible for coverage, providing specific guidelines are met.

## Submission deadline

UnitedHealthcare/Neighborhood Health Partnership may request additional documentation if needed to establish eligibility. All required information must be submitted to process the case by the requested effective date.

Effective dates are the first and 15th of the month. Any cases with missing information may delay processing for the requested effective date.

## Ancillary

UnitedHealthcare Insurance Company will be the sole carrier for dental and life products. The employer must meet the following eligible employee participation and contribution requirements for dental, vision, life and disability.

### Contributory plans

**Dental:** Employer contributes at least 50% of the single rate and a minimum of 75% participation, not to fall below 50% of total eligible.

**Vision:** Employer contributes a minimum of 75% on employer paid plans, 50% on contributory plans and at least 75% participation, not to fall below 50% total eligible.

**Basic life:** Employer contributes a minimum of 25% and a minimum of 75% participation.

**Disability:** Contributory plans available for groups with a minimum of 10 eligible subscribers. Employer contributes a minimum of 25% and 50% minimum participation.

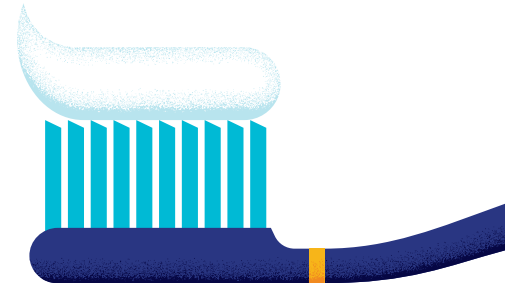
### Voluntary plans

**Dental:** Maximum contribution of 49% with a minimum of 2 enrolled on plans without ortho and a minimum of 8 enrolled on plans with ortho.

**Vision:** Maximum contribution of 49% and a minimum of 1 enrolled.

**Supplemental life:** Available to groups with a minimum of 10 eligible, and must be sold with basic life and a minimum of 25% participation (no employer contribution).

**Disability:** Available to groups with a minimum of 10 eligible and minimum of 25% participation (no employer contribution).



**Learn more**

For more information, please contact your local representative