

Oklahoma 1-50 ATNE Quoting & Installation Checklist Fully Insured (ACR-Adjusted Community Rating)

Small Business Definition: Average Total Number of Employees (ATNE) is 50 and Under

To obtain a quote, submit the following documentation to Oklahoma Quoting at txokquotes@uhc.com or [click here to learn how](#)



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Agency information should include:

- Writing agent, agency name and full address
- Where to email the quote
- Your UnitedHealthcare Account Executive

Group information should include:

- Group name, full address with ZIP code and type of industry or SIC code
- Does the group currently have any coverage with UnitedHealthcare or has the group had any UnitedHealthcare coverage in the last 12 months? Yes No
- Group size: Total number of Eligible Employees and Prior Calendar Year Average Total Number of Employees (ATNE)**
- Employee census in Microsoft 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:

Hint: Click on the item when you see you hover over the text 

UnitedHealthcare QUOTE REQUEST CENSUS													
Include all full-time (30hr/wk) employees enrolling. Enter each member (EE, SP, or CH) on a separate line.													
Relationship	Last Name	First Name	Gender	Date of Birth (MM/DD/YYYY)	State	ZIP	MEDICAL	DENTAL	VISION	LIFE	STD	LTD	Annual Salary
EE	EXAMPLE A	EMPLOYEE	M	01/01/1965	TN	37213	Y	Y	Y	Y	Y	Y	45454
SP	EXAMPLE A	SPOUSE	F	02/01/1967			Y	Y	Y	N			
CH	EXAMPLE A	CHILD	M	01/01/1990			Y	Y	N	N			
CH	EXAMPLE A	CHILD	F	02/01/1992			Y	Y	N	N			
EE	EXAMPLE B	EMPLOYEE	M	01/01/1965	TN	37203	Y	Y	Y	Y	Y	Y	54545
SP	EXAMPLE B	SPOUSE	F	02/01/1967			N	Y	Y	N			

For installation of the group, submit the following documentation to Oklahoma Submissions at txoksub@uhc.com or [click here to learn how](#)



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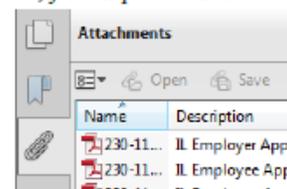
- Completed UnitedHealthcare **Employer Application** for Small Business
- Completed **UHC Enrollment Spreadsheet** (Click on Paperclip for Sample) (employee enrollment forms optional)
- UnitedHealthcare proposal with correct census and sold rates
- Product and Benefit Selection form**
- Wage and tax documents* or **Participation Certification form for groups with 10+ Eligible Employees**
- Copy of binder check payable to UnitedHealthcare or **Direct Debit form**

Please send only the original binder check to the below address for processing. Include the Tax ID number in the memo section of the check.

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

If using overnight services: UHS Premium Billing
Attn: Box 94017
5505 N. Cumberland Ave. Ste 307
Chicago, IL 6056-1471

Hint: Click on the Paperclip located to the left (attachments section of Adobe) for sample documents



*Indicate the employment or eligibility status for each employee listed on any submitted QWR or payroll records with these abbreviations: A=any employee submitting an application, W=Waiving, P/T=Part-Time, T=Terminated, S=Seasonal, WP=Waiting Period

Oklahoma 1-50 ATNE Quoting & Installation Checklist

Fully Insured (ACR-Adjusted Community Rating) continued

Participation Certification Form– Groups with 10 or more Eligible Employees may use the participation form in lieu of tax documents.

Quarterly Wage and Tax Report* (QWR)– Required for cases with 2-9 Eligible Employees. Submit the most recent copy with all pages.

Proof of ownership –Proof of ownership is defined as having proof the owner works for the company. If the owner appears on the wage and tax statement, along with the other employees, additional documentation is not needed. If the owner does not appear on the wage and tax statement, additional tax forms are required proving that the owner owns and works for the company as a full-time employee.

Common ownership occurs when an employer owns more than one company but wants to cover all of them under one new business submission. A **Common Ownership Form** must be completed and submitted.

Independent Contractor (1099 Employee): Employers may elect to offer coverage to independent contractors if the business has a minimum of one regular, taxed employees or owner who is eligible. The employer must complete a **1099 Form**.

Corporations:

In business < 1 year: Articles of incorporation, an IRS or Secretary of State letter indicating issued tax ID number, and a two-week payroll/quarterly wage and tax statement (if filed) for employees are required.

In business > 1 year: A wage and tax statement or quarterly payroll (if prepared by a payroll company) is required. C-Corp: An 1120 Form is required for owners who are not listed on the wage and tax statement. Pages 1 and 2 of the 1120 Form, as well as the Schedule G, or the 1125-E Form (listing all the owners), must be provided. If the 1120 Form does not list all the owners, a letter from the owners' lawyer or certified public accountant (CPA) identifying all of the owners and their percentage of ownership is acceptable. S-Corp: A Schedule K-1 (Form 1120S) is required for all owners/partners if one (or more of the owners) is not indicated on the wage and tax statement.

LLC:

In business < 1 year: LLC Agreement (signed by all parties), an IRS or Secretary of State letter indicating issued tax ID number, and a two-week payroll/quarterly wage and tax statement (if filed) for all employees (other than those bound by the LLC Agreement) are required.

In business > 1 year: A wage and tax statement or quarterly payroll (if prepared by a payroll company) is required. A Schedule K-1 or Schedule C is required for all owners/partners if one (or more) of the owners is not showing on the wage and tax statement.

Sole Proprietorship:

In business < 1 year: A business license, an IRS or Secretary of State letter indicating issued tax ID number (if available), and two-week payroll/quarterly wage and tax statement (if filed) for all employees not listed on the license are required.

In business > 1 year: A wage and tax statement or quarterly payroll (if prepared by a payroll company) is required. A Schedule C is required for owners. A Schedule C is required if the sole proprietorship is in the business of renting personal property. A Schedule E is required if the sole proprietorship is in the business of renting commercial property. If the spouse of a sole proprietor is an employee and not listed on the wage and tax statement, a current W2, two-week payroll, or Schedule SE (Self-Employment) is required.

Partnership:

In business < 1 year: A Partnership Agreement listing all partners, an IRS or Secretary of State letter indicating issued tax ID number (if available), and a two-week payroll/quarterly wage and tax statement (if filed) for employees are required.

In business > 1 year: A wage and tax statement or quarterly payroll (if prepared by a payroll company) is required for employees other than the partners in the group. Schedule K-1 (Form 1065) required for all partners if one or more of the owners are not indicated on the wage and tax statement. A Partnership Agreement is acceptable if the Schedule K-1 has not been filed. A copy of the filing extension is required at the time of submission.

Churches:

Churches must provide a 941 or 940 Form and a two-week payroll/quarterly payroll/quarterly wage and tax statement (if filed) for all employees of the church. Religious orders (priests, nuns, monks, etc.) under a vow of poverty must provide a group letterhead signed by the director listing all eligible employees, their salaries and hours worked.

Farms:

A farm must file a Schedule F and a two-week payroll/quarterly payroll/quarterly wage and tax statement (if filed) for all employees.

Nonprofit:

A 941 or 940 Form and a two-week payroll/quarterly payroll/quarterly wage and tax statement (if filed) are required.

Municipality:

A quarterly wage and tax statement is required for all employees.

Post Install

Prior Carrier Deductible Report for calendar year deductible credit. Note: Report would be submitted to your Account Management team after the welcome letter is issued.



* Indicate the employment or eligibility status for each employee listed on any submitted QWR or payroll records with these abbreviations: A=any employee submitting an application, W=Waiving, P/T=Part-Time, T=Terminated, S=Seasonal, WP=Waiting Period

Oklahoma 2-100 Ancillary Quote Checklist

Dental and Vision

- Employer contributions
- Benefit summaries
- Current and renewal rates (if available)

Basic and Supplemental Life/AD&D

- Employer contributions
- Benefit summaries
- Current and renewal rates (if available)
- Excel census including salary information (if offering salary-based benefits)
- Dependent life benefit amount (if offering)

Short-Term and Long-Term Disability

- Employer contributions
- Benefit summaries
- Current and renewal rates (if available)
- Excel census with annual salary amounts

Critical Illness and Accident Protection Plan (51-100 only)

- Employer contributions
- Benefit summaries
- Current and renewal rates (if available)