

South Carolina FI 1-50

Submission Checklist

Email to: SESUB@uhc.com and cc your Account Executive

1-50 Eligible Employees

- ☐ Employer application
- ☐ Enrollment spreadsheet completed by the group with all employee data
- ☐ Wage & Tax Documents or Participation Certificate
- ☐ Waivers for any employees not electing coverage
- ☐ Product Selection Form
- ☐ Include entire copy of Sold Quote for all products sold
- ☐ Image of Binder check for first month's premium (Please keep copy for your files)

Sold plan selections:

- ☐ Medical: _____
- ☐ Dental: _____
- ☐ Vision: _____
- ☐ Life: _____
- ☐ Short-term disability: _____
- ☐ Long-term disability: _____

Mail Binder check to: (coversheet included in Sold Group Packet)

****Important**** Keep a copy for your files

<i>Street Address:</i>	<i>Overnight Address:</i>
<i>UHS Premium billing PO Box 94017 Palatine, IL 60094-4017</i>	<i>UHSPremium Billing Attn: Box 94017 5505 N. Cumberland Ave. Suite 307 Chicago, IL 60656-1471</i>