

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>