

New Business Binder Check Coversheet

Group Name

Federal TAX ID#

Group Number

Policy Eff Date

Check #

Amount#

**PLEASE MAKE SURE TO SUBMIT A COPY OF THE BINDER CHECK WITH THE GROUP ENROLLMENT
BEFORE MAILING**

Ensure check is written out to UHC
Include customer name & TAX ID # on check
Send check to below address

Street Address:

Overnight Address:

**UHS Premium billing
PO Box 94017
Palatine, IL 60094-4017**

**UHSPremium Billing
Attn: Box 94017
5505 N. Cumberland Ave. Suite 307
Chicago, IL 60656-1471**