

# Wisconsin Small Business 1-50 Quoting & Installation Checklist

To obtain a quote, submit the following documentation to Central Quoting at [centralquotes@uhc.com](mailto:centralquotes@uhc.com)

**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 total **ATNE** Count
- Is this a Carve-Out? Does the group have Multiple locations?
- 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:

UnitedHealthcare QUOTE REQUEST CENSUS													
<i>Include all Full-time (30hr/wk) employees enrolling. Enter each member (EE, SP, or CH) on a separate line.</i>													
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	1/1/1965	TN	37213	Y	Y	Y	Y	Y	Y	45454
SP	EXAMPLE A	SPOUSE	F	2/1/1967			Y	Y	Y	N			
CH	EXAMPLE A	CHILD	M	1/1/1990			Y	Y	N	N			
CH	EXAMPLE A	CHILD	F	2/1/1992			Y	Y	N	N			
EE	EXAMPLE B	BOB	M	1/1/1965	TN	37203	Y	Y	Y	Y	Y	Y	54545
SP	EXAMPLE B	SPOUSE	F	2/1/1967			N	Y	Y	N			

For Installation of the group, submit the following documentation to Central Submissions at [centralsub@uhc.com](mailto:centralsub@uhc.com).

- Completed UnitedHealthcare Employer Application for Small Business
- Small Business Employee Application- Waivers Required.  
Application must include Social Security Numbers (SSN) for all individuals applying. Attestation form is available if SSN is not available, must be signed by individual applying.
- Wage & Tax, and Proof of Ownership documents required for all groups with 1-9 Eligible Employees. For groups with 10+ Eligible Employees a Participation Certification form is required in lieu of the Wage & Tax.
- Disclosure form for WI Groups up to 50 (Medical Only)
- United eServices (UeS) quote with final census and sold rates
- Copy of binder check payable to UnitedHealthcare or UnitedHealthcare Direct Debit Form
  - Mail check to:  
UHS Premium Billing  
P.O. Box 94017  
Palatine, IL 60094-4017
- If purchasing multiple plan designs, a list indicating which Plan Code each individual employee is taking is required
- Sold plan(s) or Product and Benefit Selection form (optional)
- Voluntary Vision Opt Out (V1008)



# Wisconsin Small Business 1-50 Quoting & Installation Checklist continued

## Wage and tax information — Required for all groups with 1-9 Eligible Employees

**Quarterly Wage and Tax Report (QWR)\*** – Submit a copy (all pages) of the most recent state Quarterly Wage and Tax Report (QWR). For churches, submit the most recent Quarterly IRS Form 941 and current payroll.

**-OR-**

**Payroll records\*** – For groups that have been in business less than one year, a payroll or wage and tax statement is always required to validate that employees are working there and that an employer/employee relationship exists.

NOTE: UnitedHealthcare requires proof of ownership or additional tax documentation (e.g., K1, Schedule C, etc.) for new business groups even when the full name of the owner is included in the company name. See below.

**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.

### 1099

Employers may elect to offer coverage to independent contractors (1099 employees) if the business has a minimum of one regular, taxed employee who is applying. The employer must also complete a 1099 Form.

### Corporations:

In business < 1 year: S-Corps and C-Corps: Articles of Incorporation, signed and filed with the state, listing all enrolling officers' names

In business > 1 year: S-Corps: IRS Schedule K-1\*\* (Form 1120S) for all Owners/Partners and/or C-Corps: IRS Form 1120 (Pages 1 and 2) including Schedule E

### Partnership/LLP:

In business < 1 year: Partnership Agreement signed by all partners

In business > 1 year: IRS Schedule K-1\*\* (Form 1065) for partners or a Partnership Agreement if the K-1 has not been filed and there is a copy of the filing extension.

### LLC:

In business <1 year: LLC agreement signed by all managers/members/parties

In business >1 year: A K-1\*\* or a Schedule C is required for all Owners/Partners if one or more of the owners is/are not listed on the wage and tax statement.

### Sole Proprietorship:

In business < 1 year: Business license

In business > 1 year: IRS Schedule C (Form 1040)

### Farms:

IRS Schedule F (Form 1040) – Verify the Schedule F lists the employer's name, tax id number, and that it has been filed for the most current year.

### Churches and Non Profit

Form 941.

### Note:

Additional information may be requested after sold documents are reviewed. See your Account Executive with further questions.

## Post Install

Prior carrier Deductible Report required if requesting calendar year deductible credit. Send directly to your Account Executive.

\* 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.

\*\* K-1s must account for 100% ownership

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc., or its affiliates.

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