

Montana small business

New group required documents checklist.

Effective Jan. 1, 2024

For New Groups

- ☐ Small Business Employer Application
- ☐ Product and Benefit Selection Form
- ☐ Completed Enrollment Form or Waiver for the enrolling or waiving employees. For waivers, use waiver section found in Enrollment Form. In lieu of submitting paper enrollment/waiver forms, you may submit enrollment using the UnitedHealthcare New Business Enrollment Spreadsheet
- ☐ **Groups with 10 or more eligible employees may submit a Participation Certification Form in place of the Quarterly Wage and Tax Form. Groups with fewer than 10 eligible employees, must provide the most recent Form UI-5 (Quarterly Wage and Tax Form) or most recent quarterly payroll report. A two-week payroll is only acceptable for groups in business for less than 3 months.**
 - For either the Form UI-5 or the quarterly payroll, please reconcile the eligibility of each person on the document (A = Any employee submitting an application, W = Waiving, T = Terminated, P/T = Part-Time, S = Seasonal, NE = Not Eligible, WP = Waiting Period).
 - Groups in business for under 1 year may submit an internal payroll ledger such as QuickBooks®/Quicken®.
 - Groups in business for over 1 year may submit Form UI-5, or quarterly payroll processed by a 3rd party payroll record service.
 - All payroll records must reflect a current pay period, including both the start and end dates of the pay period, list the company name and address, and include a list of all employees. It must indicate total employee wages paid, withholdings and a grand total. Handwritten or estimated payroll, pay stubs/individual payroll or W-2s, W-3s, W-4s or W-9s are not accepted. Payroll processed by a CPA is acceptable when accompanied with a signed/dated cover letter from the CPA confirming they processed the payroll report.
 - If an owner is not listed on either the Form UI-5 or the payroll report, see the Proof of Ownership section (Page 2) for additional documentation required.
- ☐ Copy of proposal presented to group or the quote number from uhceservices® or the Sales Automation Management (SAMx) tool.
- ☐ Prior medical carrier bill is not required for submission; however, Underwriting reserves the right to request this information on a case-by-case basis.
- ☐ First month's premium check or a completed Scheduled Direct Debit form. If mailing a check, please include a copy of the binder check with your emailed paperwork.
- ☐ If a group is purchasing a dental plan with a waiting period and has already fulfilled the waiting period with its prior carrier, please provide a copy of the prior carrier's benefit summary showing coverage for major services.
- ☐ If purchasing a dental plan with a waiting period, please provide a copy of the bill from 12 months ago as well as most recent billing statement.



Cutoff date for new groups:

New groups are due by the 20th of the month prior to the effective date (10th of the month, for January effective dates). Prior to submission, please review all materials for accuracy and completeness. Incomplete materials will delay group enrollment and could result in new group effective date being moved to the next month's effective date.

If mailing, please send to:

UnitedHealthcare
Commercial Group Sales
4550 Kruse Way, Suite #125
Lake Oswego, OR 97035

For faster service, email all of your new group documents in a single, consolidated email to westsubmissions@uhc.com.



Proof of ownership.

Corporations

In business < 1 year:

Articles of Incorporation listing all officers' names, IRS and Secretary of State Letter indicating issued tax ID number

In business > 1 year:

S-Corp: IRS Schedule K-1 (Form 1120S) for all owners/partners

C-Corp: IRS Form 1120 (Pages 1 and 2) which includes "Schedule E"s.

Partnership/LLP

In business < 1 year:

Partnership Agreement signed by all partners, IRS and Secretary of State Letter indicating issued tax ID number

In business > 1 year:

IRS Schedule K-1 (Form 1065) and Partnership Agreement signed by all partners

Sole Proprietorship

In business < 1 year:

Business License, IRS and Secretary of State Letter indicating issued tax ID number

In business > 1 year:

IRS Schedule C or F (Form 1040)

LLC

In business < 1 year:

LLC Operating Agreement signed by all managers/members/parties, an IRS and Secretary of State letter indicating issued tax ID number

In business > 1 year:

LLC Agreement copy signed by all managers/members/parties and copies of appropriate tax returns (follow the guidelines for an S-Corp, Partnership or Sole Proprietorship, based on how the LLC was formed)

Farms

IRS Schedule F (Form 1040)

Churches

Submit the most recent Quarterly IRS Form 941 and current payroll

To qualify as a group health plan under ERISA, an employer must have at least one eligible non-spouse 'common law employee' **enrolled** in addition to an owner.

- **Partnerships:** If only partners and their spouses are covered, they are not a group health plan unless at least one other common law employee is eligible and enrolled in coverage.
- **Corporations:** Two owners, who are not spouses, qualify as a group health plan if at least one of the owners can document that he or she is **actively working and enrolled** in the health plan.
- **Individual owner/proprietor:** An individual owner or the individual owner and his or her spouse do not qualify as a group health plan unless at least one other common law employee is **enrolled** in the plan.

It does not matter if the business' legal tax structure is a limited liability company or other corporation.

Children of the sole owner may be the other common law employee, so long as:

- He or she is over the age of 18 (i.e., no longer a minor child, per state law); and
- He or she is enrolled for coverage under the terms of the employer-sponsored plan.

Eligible 1099 employees

- A group may have an eligible 1099 employee as the enrolled common law employee, but the employer must sign the Independent Contractor Attestation Form.

The group will need to provide supporting documentation showing they are either an owner, or an employee, and provide sufficient documentation based on their business entity. UnitedHealthcare and affiliates reserve the right to request proof of ownership, additional payroll or supporting tax documentation on any submission.

Contact your UnitedHealthcare representative for more information.

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