

UHC NEW GROUP SUBMISSION CHECKLIST

Cutoff date for new submissions is the 20th of the month for 1st of the month effective date and 5th of the month for 15th of the month effective date for 2-50 only.

Please email completed submissions to: nvnewgroupsubmission@sierrahealth.com

Commercial Small Group 1-50

- UHC Small Group Application completed and signed
- Enrollment or waiver for each eligible employee (include waiver reason in waiver section of the form). Prime Enrollment Spreadsheet acceptable in lieu of forms
- Federal Cobra enrollment forms or include on Prime Enrollment Spreadsheet if applicable
- Product Selection Form
- 1st month premium payment options:
Copy of premium check payable to United Healthcare
Add the customer federal tax ID to the memo portion of the binder check to ensure payment is applied timely and accurately. Mail to lockbox address below
Direct Debit Form
Completed and signed (please include a voided check)
- Copy of signed rates for sold plans
- Copy of most recent quarterly state W & T report reconciled

Commercial Large Group 51-99

- UHC Large Group Application completed and signed
- Prime Enrollment Spreadsheet. Include enrollment and waiver information for each eligible employee and cobra eligible beneficiary.
- 1st month premium payment options:
Copy of premium check payable to United Healthcare
Add the customer federal tax ID to the memo portion of the binder check to ensure payment is applied timely and accurately. Mail to lockbox address below
Direct Debit Form
Completed and signed (please include a voided check)
- Copy of signed rates for sold plans
- Copy of most recent quarterly state W & T report for Virgin Groups

Please mail the original check to the address below and provide a scanned image of the check with your submission.

UHC Premium Billing
P.O. Box 94017
Palatine, IL 60094-4017

Please Note: Underwriting reserves the right to request additional documentation. Rates will be based upon final enrollment.

