

Texas 1-50 ATNE Quoting & Installation Checklist Fully Insured (ACR-Adjusted Community Rating)

Small Business Definition: Average Total Number of Employees (ATNE) is 50 and Under

To obtain a quote, submit the following documentation to Texas Quoting at txokquotes@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
- Groups size: Total number of Eligible Employees and **Prior Calendar Year Average Total Number of Employees (ATNE)**
- 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													
Include all full-time (30hr/wk) employees enrolling. Enter each member (EE, SP, or CH) on a separate line.													
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	01/01/1965	TN	37213	Y	Y	Y	Y	Y	Y	45454
SP	EXAMPLE A	SPOUSE	F	02/01/1967			Y	Y	Y	N			
CH	EXAMPLE A	CHILD	M	01/01/1990			Y	Y	N	N			
CH	EXAMPLE A	CHILD	F	02/01/1992			Y	Y	N	N			
EE	EXAMPLE B	EMPLOYEE	M	01/01/1965	TN	37203	Y	Y	Y	Y	Y	Y	54545
SP	EXAMPLE B	SPOUSE	F	02/01/1967			N	Y	Y	N			

For installation of the group, submit the following documentation

to Texas Submissions at txoksub@uhc.com

- Completed UnitedHealthcare [Employer Application for Small Business](#)
- Completed UnitedHealthcare [enrollments spreadsheet \(Click paperclip in left column\)](#) **OR** [Employee Enrollment form / Spanish form](#)
- If participation is below 50%, copies of ID cards are required for waivers
- UnitedHealthcare proposal with correct census and sold rates
- Product and Benefit Selection form**
- Wage and tax documents* or Participation Certification form for Groups with 10+ Eligible Employees**
- Copy of Binder Check* payable to UnitedHealthcare or UnitedHealthcare Direct Debit Form**
- Consumer Choice Plans Form** (only for groups enrolling in an HMO)

* Please send only the original binder check to the below address for processing. Include the Tax ID number in the memo section of the check.

UHS Premium Billing
PO Box 94017
Palatine, IL 60094-4017

If using overnight services: UHS Premium Billing
Attn: Box 94017
5505 N. Cumberland Ave. Ste. 307
Chicago, IL 60656-1471

*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

[Participation Certification Form](#) – Groups with 10 or more Eligible Employees may use the participation form in lieu of tax documents.

[Quarterly Wage and Tax Report* \(QWR\)](#) – Required for cases with 2-9 Eligible Employees. Most recent copy with all pages and all employees listed. New hires not listed on the QWR will require a two week payroll. Owners not listed require: Schedule C, K1 form or other acceptable tax document. Groups with one enrolled subscriber will be required to provide a copy of four quarterly wage and tax statements from the preceding calendar year, in addition to the most recent quarterly wage and tax statement filed with their start.

[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.

[Independent Contractor \(1099 Employee\)](#) - Employers may elect to offer coverage to independent contractors if the business has a minimum of one regular, taxed employees or owner who is eligible. The employer must complete a [1099 Form](#).

In addition to the Common Law Employee and Fact Attestation Form, UnitedHealthcare now requires customers to provide the following materials:

- 1.Contract or written agreement between the employer and the contractor; and
- 2.Payment documentation as proof of employment by owner/employer meeting eligibility requirements.

[One Life Groups](#) - Allowed for all business types outside of sole proprietors. TX does not follow federal guidance on group eligibility that requires a common law employee to be enrolled on the plan.

Corporations: If an owner only and/or owner plus spouse are covered, they are eligible as a group health plan. Two owners who are not spouses qualify as a group health plan in all cases. An additional common law employee is not required to enroll as an owner may be considered a “common law employee” if working full time at the company – i.e. the group may consist of multiple owners only with no full-time employees, where at least 1 owner is actively working and enrolled.

In business < 1 year: Articles of incorporation, an IRS or Secretary of State letter indicating issued tax ID number, and a two-week payroll or quarterly wage and tax statement (if filed) for employees are required.

In business > 1 year: A wage and tax statement or quarterly payroll (if prepared by a payroll company) is required. C-Corp: An 1120 Form is required for owners who are not listed on the wage and tax statement. Pages 1 and 2 of the 1120 Form, as well as the Schedule G, or the 1125-E Form (listing all the owners), must be provided. If the 1120 Form does not list all the owners, a letter from the owners’ lawyer or certified public accountant (CPA) identifying all of the owners and their percentage of ownership is acceptable. S-Corp: A Schedule K-1 (Form 1120S) is required for all owners/partners if one (or more of the owners) is not indicated on the wage and tax statement.

LLC: If an owner only and/or owner plus spouse are covered, they are eligible as a group health plan. Two owners who are not spouses qualify as a group health plan in all cases. An additional common law employee is not required to enroll as an owner may be considered a “common law employee” if working full time at the company – i.e. the group may consist of multiple owners only with no full-time employees, where at least 1 owner is actively working and enrolled.

In business < 1 year: LLC Agreement (signed by all parties), an IRS or Secretary of State letter indicating issued tax ID number, and a two-week payroll or quarterly wage and tax statement (if filed) for all employees (other than those bound by the LLC Agreement) are required.

In business > 1 year: A wage and tax statement or quarterly payroll (if prepared by a payroll company) is required. A Schedule K-1 or Schedule C is required for all owners/partners if one (or more) of the owners is not showing on the wage and tax statement.

Sole Proprietorship: When the owner is the only individual, it is not a group health plan. At least 1 common law employee must be enrolled in the plan and a spouse can be considered as the common law employee with proof of full-time status.

In business < 1 year: A business license, an IRS or Secretary of State letter indicating issued tax ID number (if available), and two-week payroll or quarterly wage and tax statement (if filed) for all employees not listed on the license are required.

In business > 1 year: A wage and tax statement or quarterly payroll (if prepared by a payroll company) is required. A Schedule C is required for owners. A Schedule C is required if the Sole Proprietorship is in the business of renting personal property. A Schedule E is required if the sole proprietorship is in the business of renting commercial property. If the spouse of a sole proprietor is an employee and not listed on the wage and tax statement, a current W2, two-week payroll, or Schedule SE (Self-Employment) is required.

Partnership: If only partners and/or partners and their spouses are covered, they are eligible as a group health plan.

In business < 1 year: A Partnership Agreement listing all partners, an IRS or Secretary of State letter indicating issued tax ID number (if available), and a two-week payroll or quarterly wage and tax statement (if filed) for employees are required.

In business > 1 year: A wage and tax statement or quarterly payroll (if prepared by a payroll company) is required for employees other than the partners in the group. Schedule K-1 (Form 1065) required for all partners if one or more of the owners are not indicated on the wage and tax statement. A Partnership Agreement is acceptable if the Schedule K-1 has not been filed. A copy of the filing extension is required at the time of submission.

Churches:

Churches must provide a 941 or 940 Form and a two-week payroll or quarterly payroll or quarterly wage and tax statement (if filed) for all employees of the church. Religious orders (priests, nuns, monks, etc.) under a vow of poverty must provide a group letterhead signed by the director listing all eligible employees, their salaries and hours worked.

Farms:

A farm must file a Schedule F and a two-week payroll or quarterly payroll or quarterly wage and tax statement (if filed) for all employees.

Nonprofit:

A 941 or 940 Form and a two-week payroll or quarterly payroll or quarterly wage and tax statement (if filed) are required.

Municipality:

A quarterly wage and tax statement is required for all employees.

▶ *Texas law allows married employees to choose whether they wish to enroll as the subscriber, or, if one wishes to enroll as the dependent of the other, if:*

- 1) *It is a reasonable interpretation of the TX law.*
- 2) *Any contradiction in TX statutes is being interpreted in favor of the member.*
- 3) *We can administer this type of choice consistently.*

Post Install

Prior Carrier Deductible Report for calendar year deductible credit. Note: Report would be submitted to your Account Management team after the welcome letter is issued.

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