

UnitedHealthcare

Small Business Underwriting Guidelines Checklist

California – 10/1/08 Effective

Case Application Checklist

All documents below must be submitted at the time of application. Within 10 business days of receipt of the required, completed documents, your case will be reviewed, underwritten and installed, including mailing ID cards.

- Enrollment forms and health statements completed and signed by all eligible employees.
- A Waiver of Group Coverage form completed and signed by any eligible employee not selecting coverage.
- A Group Application completed and signed by employer and broker.
- A copy of the current carrier's most recent billing statement. *Note: Employees appearing on the current bill with a reported termination date of 90 days or greater will require a state continuation or COBRA application/waiver form to be completed as verification of their eligibility to continue or decline coverage.*
- If Medicare is primary, a copy of each employee's Medicare card is required to verify enrollment in part A and B. A copy of the Medicare card may also be requested to confirm participation requirements.
- A Binder Check made payable to the carrier for estimated first month total group premium. When UnitedHealthcare plans are elected, direct debit is available. To elect this payment method, submit a completed Direct Debit form (including a blank voided check), with the application.
- A UnitedHealthcare or PacifiCare proposal noting correct effective date of coverage.
- Wage and Tax Information:
 - Quarterly Wage & Tax Report (QWR)*

A copy (all pages) of the most recent state Quarterly Wage and Tax Report (QWR).

 - Groups of six or more enrolled employees may submit a current payroll in lieu of a QWR.
 - Churches – submit the most recent Quarterly IRS Form 941 and current payroll.
 - If QWR reflects more than a 50% change in census, a current payroll will also be required.
 - Payroll Records*
 - For groups of 2–5 enrolled employees, a QWR is always required unless the company has not been in business long enough to file a QWR. *Note: If a two-week payroll statement is submitted, it must list the company name, reflect a current pay period and include a list of all employees indicating wages paid, withholdings and a grand total. Handwritten or estimated payroll, individual employee payroll/pay stubs or W-2/W-3/W-4/W-9's are not accepted.*

* For any submitted QWR or payroll records, please indicate the employment or eligibility status for each employee listed by using the below abbreviations:

A = any employee submitting an Application	T = Terminated (Include last day worked)
W = Waiving	S = Seasonal
P/T = Part-Time	WP = Waiting Period



□ **Proof of Ownership Documentation**

Required for all groups enrolling fewer than six employees and owner-only groups of any size when the owners do not appear on the QWR or payroll.

- **Husband and Wife groups or groups comprised of family members** must provide quarterly wage or annual tax documentation that they each are full-time employees of the company and support eligibility as either an owner or an employee of the business.

■ **Corporations:**

In business < 1 year:

- S-Corps and C-Corps: Articles of Incorporation, filed with the state and listing all enrolling officers' names or a filed Statement of Information that lists all officers' names.

In business > 1 year:

- S-Corps: IRS Schedule K-1 (Form 1120S) for all enrolling owners/officers.
- C-Corps: IRS Form 1120 (pages 1 & 2) which includes "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 all enrolling partners or Partnership Agreement signed by all partners.

■ **LLC:**

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

In business > 1 year: LLC Agreement signed by all managers/members/parties or copies of appropriate tax returns (follow the guidelines for an S-Corp, Partnership or Sole Proprietorship based on how the LLC was formed).

■ **Sole Proprietorship:**

In business < 1 year: Business License

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

■ **Farms: IRS Schedule F (Form 1040)**

UnitedHealthcare and affiliates reserve the right to request proof of ownership, additional payroll or supporting tax documentation on any submission.

Tax extensions are not acceptable.

Insurance coverage provided by or through United HealthCare Insurance Company, PacifiCare Life and Health Insurance Company, PacifiCare Life Assurance Company or their affiliates. Administrative services provided by United HealthCare Insurance Company, United HealthCare Services, Inc., PacifiCare Health Plan Administrators, Inc. or their affiliates. Health plan coverage provided by or through United HealthCare Insurance Company and PacifiCare of California.

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