

Broker Checklist for Preliminary Quote & Case Submission (rev. 06/23)

Thank you for your new group request for proposal (RFP) and submission.
 The following items are required for **preliminary quoting**. Incomplete items may cause delays.

○ Agency information:

- Writing agent name
- Agency name
- Agency full address
- Email address where we can send the completed quote
- Your UnitedHealthcare Account Executive's name

○ Group Information:

- Group name
- Group's physical address with ZIP code
- SIC code or type of industry
- Requested effective date
- Total number of eligible employees as of the requested effective date
- If the request is a carve out, indicate the number of eligible employees for the carve out and the number of employees who would be eligible if the coverage were offered to all employees.
- Requested product lines and benefits: medical, dental, vision, life, short-term disability (STD), and long-term disability (LTD).
- Current carrier name for requested product lines (indicate if group has any current coverage with UnitedHealthcare).
- COBRA enrollees indicated on the census.
- Employee census — Excel format should include each member's name, relationship, gender, date of birth (including all dependents), state/ZIP code and product selections. Example shown below:

UnitedHealthcare Quote Request Census - EXAMPLE													
Include all full-time employees enrolling. Enter each member (EE, SP or CH) on a separate line.													
Relationship	Last Name	First Name	Gender	Date of Birth	State	ZIP	Medical	Dental	Vision	Life	STD	LTD	Annual Salary
EE	Example A	Employee	M	12/34/5678	AZ	85003	Y	Y	Y	Y	Y	Y	\$
SP	Example A	Spouse	F	12/34/5678			Y	Y	Y	N			
CH	Example A	Child	M	12/34/5678			Y	Y	N	N			
CH	Example A	Child	F	12/34/5678			Y	Y	N	N			
EE	Example B	Employee	M	12/34/5678	AZ	85003	Y	Y	Y	Y	Y	Y	\$
SP	Example B	Spouse	F	12/34/5678			N	Y	Y	N			

NOTE: A full-time employee is one who actively works on a full-time basis (per state guidelines), is earning at least minimum wage per the Fair Labor Standards Act, and is referred to as a "common law employee" under Health Care Reform (HCR) guidelines. Refer to the [AZ Tax Documentation Guidelines](#) for details on common law employees. The following are not eligible for coverage: Part-time employees, volunteers, and seasonal employees who are not working the required hours per week, are not on the wage & tax, and have not satisfied the waiting period.



Case installation of a 2-50 sold group must be submitted through a General Agent.

Listed below is the documentation required for a 2-50 sold case submission. UnitedHealthcare and our General Agent partners in Arizona reserve the right to request additional supporting documentation for any submission. Incomplete items may cause delays. Please submit all applicable group documentation to the General Agent of your choice.

- Completed [UnitedHealthcare Employer Application for 1–50](#) business, including employer & broker signatures.
- UnitedHealthcare’s New Business Enrollment Spreadsheet or completed [employee applications](#). Spreadsheets and applications must include Social Security numbers (SSN) for all individuals applying. An [SSN Attestation Form](#) is required if an SSN is not available (or the employee is unwilling to provide), and must be signed by the individual applying. Plan codes must be supplied for each product onto which the employee is enrolling - either on the spreadsheet or on each application.
- [Product Selection Form \(AZ029\)](#) reflecting all plans sold even if there is no enrollment on some of the plans.
- Quote with sold rates. If final enrollment differs from the enrollment reflected on the sold quote, rates or monthly premium will change.
- Copy of binder check payable to UnitedHealthcare, or the [UnitedHealthcare Direct Debit Form](#). Please include the group’s Tax ID number in the memo section of the check. Micro groups (groups with less than 3 eligible employees) are required to utilize EFT/direct debit as their payment option. UnitedHealthcare cannot accept an alternate form of payment for these groups. For all other new business sales, **live binder checks** should be submitted using the [Prime Binder Check Coversheet](#). All subsequent monthly premium payments should be sent to the address shown on the group's remittance stub.
- Financial documentation - refer to the [AZ Tax Documentation Guidelines](#) for groups with 2–9 eligible employees. Groups with 10–50 eligible employees only require a [Participation Certification Form](#) (instead of financial documentation).
- For groups with 1099 employees, the completed [Common Law Employee \(1099\) and Fact Attestation Form](#) must list all 1099/Independent Contractors. Also required is a written contract or agreement between the employer and the 1099/Independent Contractor, the most recent 12 weeks of payment records (showing hourly/weekly/salaried with paid vacation and sick days, expense reimbursement, records, evidence of pension, other insurance and employee benefits), and an IRS Form SS-8 if applicable. Please refer to the [AZ Tax Documentation Guidelines](#) for further information.
- Groups with common ownership must complete and submit the [Common Ownership Form](#).
- Groups utilizing the services of a PEO must complete and submit the [PEO Attestation Form](#).
- To cover commissioned employees, the employer must complete the [Commissioned Employees Form](#) if the commissioned employees are not indicated on a wage and tax statement or acceptable payroll. A year-to-date payroll ledger showing earnings for the commissioned employees must be submitted, if available.

HELPFUL INFORMATION AND TOOLS

- Participation minimum is 50% of full-time Eligible Employees (waiver forms not required).
- Employee Coverage Contribution of 50% or \$150 Defined Contribution is required.
- Attachments/Forms:
 - [AZ Tax Documentation](#)
 - [Commissioned EEs](#)
 - [Common Law EE/1099](#)
 - [Common Ownership](#)
 - [Direct Debit](#)
 - [Participation Certification](#)
 - [PEO Attestation](#)
 - [Prime Binder Check Coversheet](#)
 - [Product Selection AZ029](#)
 - [SSN Attestation](#)
 - [UHC AZ Employee App](#)
 - [UHC AZ Employer App](#)

NOTICE: Deductible and out-of-pocket credit is available for employees and dependents who were enrolled under the group health plan being replaced by UnitedHealthcare. A prior carrier report should be submitted to your UnitedHealthcare representative within 90 days of the group’s effective date.

Not For Consumer Use.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of Arizona, Inc.

