

Case submission checklist for migration of UnitedHealthcare groups to Level Funded quote

PDF versions of the documents below can be uploaded to **uhceservices.com**. The following items are required for final quoting. All items are essential for successful and timely turnaround on your final rates request. Incomplete items may cause delays.

Plan Sponsor completed application (additional required information after street/preliminary quote is completed)
O Plan Sponsor Application
O PDF versions of the plan sponsor application should be uploaded to the group record in uhceservices.com
All questions answered completely
Signed and dated by both plan sponsor and broker on all indicated pages
Payment Authorization Form (needed regardless of type of payment)
Note: The plan sponsor must sign and completely fill out the Authorization portion if selecting EFT.
O Plan Participant Applications (only needed for plan participants who are not currently covered on medical):
O PDF versions of the applications should be uploaded to the group record in uhceservices.com
O Waiving plan participants must provide their name and must sign the waiving portion of the application
Plan participant electing coverage must complete the following information:
 Plan participant height and weight (required for additional plan participant or those requesting census changes)
O Plan participant Social Security number
O Plan participant date of birth and gender
O Plan participant date of hire
O Plan participant address, phone number and email address
O Dependent(s) height, weight and gender
O Dependent(s) date of birth
All medical questions answered
O Details must be provided for any "Yes" answers to medical questions
O Signed and dated by the plan participant
Oisabled Dependent over allowable age must complete and submit the disability form signed by plan participant and physician



Checklist for migration quote (continued)

0	Excess Loss Insurance Application
	O Filled out completely
	Signed and dated by both the agent and the plan sponsor
0	Billing and Collections Agreement
	O PEPM value entered
	O Signed and dated by plan sponsor and broker
	Note: Plan sponsor signs twice (once on Page 3 and once on Page 4)
0	New York Surcharge Forms
	O If the paperwork is received after the first of the month, the election will not be effective until the following month.
0	Specialty Plan Sponsor/ER Application (If Specialty is elected)

Upload Note: When uploading documents to the **uhceservices.com** website for installation, check the box for wage and tax, initial check and current carrier bill even though you are not uploading those documents (they are not necessary for migrations but are required by the system to proceed).

