

Texas 2-50 Prescreen Quote Checklist

Fast Track with Texas House Bill 2015 Claims Info

- United eServices quote with correct census and plans to consider
- Group's Federal Tax ID number
- HB2015 premium vs. claims report including monthly membership on Carrier Letterhead (most recent data should be within 3 months of the effective date & determines allowed number of quotable subs)
- Large claimants over \$15,000 report or an email from the current carrier documenting that there are none
- Effective Date
- Applications for Employees not accounted for on the Premium vs. claims report (PVC) - Cases with fewer than 10 on the experience will require UnitedHealthcare applications for all employees if it does not match the number enrolling with UnitedHealthcare. In addition, when outside HB2015 threshold, UnitedHealthcare applications with medical questions answered are needed.
- PVC must show 12 months or 9 months if in the 1st of renewal

Fast Track with UnitedHealthcare Employee Enrollment Forms

- United eServices quote with correct census and plans to consider
- Group's Federal Tax ID number
- Completed UnitedHealthcare Employee Enrollment Forms (275-4229) on each enrolling employee and Cobra/State Continuation participant. Proof of waiver is required if group does not meet 75% participation. All forms must include dates of birth, height, weight, and gender of each enrollee and dependant, responses with details to all medical questions, and the employee signature and sign date.*
- Current health insurance carrier
- Group Contact and phone number
- Effective Date

Fast Track with Competitor Applications**

- United eServices quote with correct census and plans to consider
- Group's Federal Tax ID number
- Competitor Applications or Medical Questionnaires on each enrolling employee and Cobra/State Continuation participant. All forms must include dates of birth, height, weight, and gender of each enrollee and dependant, responses with details to all medical questions, and the employee signature and sign date.*
- Employer Authorization form
- Current health insurance carrier
- Group Contact and phone number
- Effective Date

Texas 2-50 Install Checklist

- Completed UnitedHealthcare Employer Application for Small Business**
- Completed UnitedHealthcare Employee Enrollment Forms* (275-4229)** on all full time eligible employees including waivers (full time hours are specified on the Employer Application,) also including COBRA/Texas State Continuation participants.
- Copy of employer's most recent current carrier billing statement.** All pages must be included and employment termination dates for any termed employees noted.
- Wage & Tax and Proof of Ownership documents – refer to page 2**
- United eServices quote with correct census and sold rates**
- Product Selection Form**
- Binder check payable to UnitedHealthcare**

* Applications are valid for 90 days past signature date. Re-signed or re-dated applications are not accepted.

** Fast Tracks with Competitor Applications are not firm, and are subject to Medical Underwriting re-review on UnitedHealthcare Enrollment Forms at Case Installation for firm rates.

Texas 2-50 Install Checklist (cont.)

Wage and Tax information

- Quarterly Wage & Tax Report (QWR)*** Submit a copy (all pages) of the most recent state Quarterly Wage and Tax Report (QWR). *For churches, submit the most recent Quarterly IRS Form 941 Form & current Payroll.*

-Or-

- Payroll Records*** Groups of 6+ eligible employees may submit a current Payroll in lieu of a QWR. For groups of 2-5 eligible employees, a QWR is always required. A payroll is not acceptable in this size segment unless the company has not been in business long enough to file a QWR. *Note: If a 2-week payroll statement is submitted, it must be within 30-60 days of the groups effective date, it must list the company name, reflect a current pay date and pay period range, and include a list of all employees indicating wages paid, withholdings and a grand total. Handwritten or estimated payroll, individual payroll/ pay stubs or W-2/W-3/W-4/W-9's are not accepted.*

*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.

- Proof of Ownership** ~ In addition to the above wage and tax information, proof of ownership is required for: all enrolling owners, officers or partners not listed on the submitted QWR (or Current Payroll reports) for groups of 2 – 5. Owner Only groups (without a QWR) would require Proof of Ownership/tax documentation for all owners/officers/partners enrolling.

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.

Employers may elect to offer coverage to **independent contractors (1099 employees)** if the business has a minimum of two regular, taxed employees who are applying. The employer must also complete a 1099 Form.

Corporations:

In business < 1 year: S-Corps & C-Corps: Articles of Incorporation, signed & filed with the state listing all enrolling officers' names

In business > 1 year: S-Corps: IRS Schedule K-1 (Form 1120S) for all enrolling Owners/Partners and/or 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)

Note:

Husband and Wife groups must provide documentation that they are full-time employees of the company.

Supporting documentation is required showing they are either an owner, or an employee based on their business entity.

Send all documents to your Sales Operations Specialist or contact your Account Executive with further questions. For most efficient turn around time for case installation, all items should be submitted as completed 10 days prior to effective date.

Texas 51-99 Quote Checklist

- Agency & Producer Name
- Existing AOR?
- Effective Date
- Current Renewal Date (If requesting quote over 90 days from renew, include AOR letter)
- RFP Due Date
- Company Name
- Company Complete Physical Address
- Company SIC
- Current Carrier
- Number of Years with Current Carrier
- Employer Contribution Percentage Toward Employee and Dependant Premium
- Premium vs. Claims Report including Monthly Membership on Carrier Letterhead.
Must include 12 months of data, unless first year renewal, in which case 9 months is accepted
- Large claimants over \$15,000 report or an email from the current carrier documenting that there are none
- Current Benefit Summaries for all lines of coverage
- Current Medical Rates
- Medical Renewal Rates
- Census in Excel Format including genders, dates of birth, elections, and ZIP codes for all eligible employees, also including waivers. Multiple of Salary Life, LTD, and STD requests must

Texas 51-99 Install Checklist

- PRIME New Business Enrollment Spreadsheet
- Completed United Healthcare Employer Application for Small Business (contact your local office for form number)
- Product Selection Form
- Binder Check payable to UnitedHealthcare

Send all documents to your Sales Operations Specialist or contact your Account Executive with further questions. For most efficient turn around time for case installation, all items should be submitted as completed 10 days prior to effective date.