

EMPLOYER TO PROVIDE

Employer Application

Please note: It is the Employer's responsibility to contact their prior carrier to verify Cal-COBRA or COBRA participants. An application for each COBRA enrollee is required.

- ❖ *Summary of Benefits and Coverage (SBC)* **must** be distributed by the Employer according to federal requirements. The SBCs may be downloaded from UnitedHealthcare's website: www.employereservices.com
- Scheduled Direct Debit Authorization** form or *company check* for the estimated first month's premium (including Cal-COBRA/COBRA enrollees) made payable to **UnitedHealthcare**.
 - Groups with 1-2 eligible employees must use the Scheduled Direct Debit Authorization form
- Product and Benefit Selection Form for Small Business**
- Employer Application for Group Life, AD&D, STD and LTD**, if applicable.
- DE9C recent reconciled** (e.g. enrolling, waiving, terminated – provide termination dates, etc.) *Note: Companywide payroll is required when the DE9C reflects a 50% change in census (e.g. new hires, terminated, waivers/declines seasonal/temporary).*
 - **1-9 Eligible** employees- DE9C is required. If the group has not been in business long enough to provide DE9C, please provide most recent 6 weeks of companywide "Payroll Register."
 - **10+ Eligible** employees- DE9C is **not** required. UHC **Participation Certification Form** may be provided in lieu of the DE9C. *Note:* UnitedHealthcare underwriting may request tax documents at their discretion.

EMPLOYEES TO PROVIDE

Census Enrollment/Prime New Business Enrollment Census (Electronic Only)

- Prime New Business Enrollment Census completed in full. When you complete the census it is not necessary to send employee enrollment forms. All required information, including waivers, must be entered into the census. The employer must retain copies of signed enrollment forms and waivers on file. **Note:** When applying with UHC and a staff model carrier at the same time, waivers are not required. The other carrier applications are required. If the other carrier is in-force, UHC waivers are only required for employees not listed on the other carrier's bill and not enrolling with UHC. A copy of the most recent other carrier bill is required.

Paper Employee Enrollment Form/Waiver of Coverage (only if not using the Prime New Business Enrollment Census)

- From each *eligible* employee enrolling or waiving health coverage, including COBRA members. Waivers may be submitted in a separate excel waiver listing with the reason for waiving included.

Transition of Care Form for those employees receiving ongoing care.

SSN Attestation for *eligible* employees and dependents who refuse to provide their SSN.

Employee Enrollment/Change Form for Group Life, Supplemental Life, AD&D, STD and LTD, if applicable.

ADDITIONAL FORMS if applicable:

- POP & Other Free TPA Services Employer Activation Instructions** flyer for an Employer to receive free services i.e. Pre-Tax Premium Plans (P.O.P.), Flexible Spending Accounts, and COBRA Administration
- Independent Contractors Paid by 1099 Form**
- Written Assurance Form** to be completed for Church groups that are not subject to ERISA
- Religious Employer Exemption Certification** for Fully Insured Plans or Self-funded plans
- UHC requires a complete report from the prior carrier that includes each enrolled member's deductible satisfied for the current calendar year. If the report is unavailable, UHC will accept EOBs for each member (UHC will not process one at a time, so if there are multiple members requesting credit, UHC needs the EOBs all at one time.)
Note: If the information is provided after the group is approved, it should be emailed to clientserviceoperations@uhc.com

appointment and register with www.UnitedeServices.com to activate their quoting/enrollment system.

GROUPS WITH EXISTING COVERAGE: It is the employer's responsibility to cancel any prior coverage per the carrier's cancellation policy in order to avoid being responsible for additional premium.