



**Association Health Plans (2-50)**  
**New Business Checklist**  
**[PHP-GroupQuotes@uhsinc.com](mailto:PHP-GroupQuotes@uhsinc.com)**

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1. ☐ Completed Master Application
2. ☐ ACH Form -or- Premium Check (copy if being mailed)
3. ☐ Proof of Association Membership  
**-OR-**  
☐ Copy of Submitted Affiliation Application & Copy of Receipt for Paid Affiliation  
**(Applies to [RSCC](#) and [WCMS](#) Affiliate programs)**
4. ☐ Enrollment Forms **-OR-** Enrollment Spreadsheet
5. ☐ Waivers (if any) **-OR-** Valid Waivers (if participation is not met, proof of coverage will be required)
6. ☐ Business License
7. ☐ Quarterly Tax & Wages (not required but could be requested)
8. ☐ Sold rates