

SUBMISSION CHECKLIST



Small Business 1-100

NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines for a complete list of requirements. Please use the latest version of forms.

•	I is to process your new group enrollment easily and efficiently in order to provide you and your client with a quick approval. owing list outlines the health plan's case submission requests:
□ Sm	all Business Employer Application
□ Pro	duct and Benefit Selection Form
	tten Assurance form required for groups who select No to ERISA and select either Church or Foreign Government/ eign Embassy as the ERISA category on the Employer Application
☐ Chu	urch groups must also provide the IRS Form 941 or 940
	proof of business documents . Proof of ownership is required for all eligible owners who do not appear on the DE 9C rolling or waiving).
□ Mo	st recent DE 9/DE 9C
☐ Tax	documents for owners not on the DE 9C.
☐ Pay	yroll
□ PRI	ME Enrollment Spreadsheet
Please note: Employer must retain signed copies of Employee Applications on file.	
OR	
□ Em	ployee Applications/Waiver Forms
Please note:	
	en you submit the UnitedHealthcare enrollment, put in DE 9/DE 9C order with HMO subscribers grouped together, and ect/Select Plus, HRA and HSA subscribers grouped together
• List	t owners first if not listed on DE 9/DE 9C
• COI	BRA and new hires go to the back, if not listed on the DE 9/DE 9C
	ndwrite new hires on the last page of the DE 9/ DE 9C. Include the following information: Date of hire, social security number, nplete first and last name
□ SAI	M Quote
	der Check or Direct Debit Form. Please note: Micro groups (under 3 eligible or 1 enrolled) are required to use the ACH form. s is the only option.
□ Cor	mpleted and signed Participation Certification form for Employers with 10+ eligible employees
	mary Business Location is where the business has filed their Articles of Incorporation. If PBL is not in California, tificate of Incorporation must be completed with submission.





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☐ For Prior Carrier Deductible : Prior carrier deductible Report or EOBs from prior carrier for all members on the group will be required.
☐ Broker licensing is required at the time of case submission.
Confirm the following items with your client and submit answers with the case:
□ Paper billing -or-
☐ Electronic billing
☐ Would your HSA group like to utilize Optum Bank SM services for their HSA banking needs?
☐ Ensure that ERISA is always marked "Yes." Only churches and specialized non-profits can be marked "No."
☐ Cal-C0BRA marked, if under 20
☐ COBRA marked, if over 20
$\hfill\square$ Confirm group email address is the administrative email address, not executive email address
Helpful reminders:
☐ Please submit single-sided copies of the application, not double-sided
☐ Please list total member count including dependents on the case submission cover sheet
☐ Confirm COBRA participants are listed on the Small Business Employer Application

Important Reminder: To help your client comply with ACA requirements, provide a copy of the appropriate Summary of Benefits and Coverage (SBC) to each employee at the Enrollment Meeting, via email or by posting on an internal company website. For the most recent information regarding UHC's SBCs, contact your

After approval, prior carrier termination letter must be submitted by the employer or broker.

Word & Brown representative.