



# Case Installation Checklist For Groups 2 to 50 Eligible ---

- \_\_\_ **1. Case Installation Coversheet**
- \_\_\_ **2. This Case Installation Checklist**
- \_\_\_ **3. Employer (Master) Application -- (Joint Health & Life Employer Application)**
- \_\_\_ **4. Employer Health Addendum (Groups 20 to 50 only)**

\_\_\_ **5. Employee Applications**

There are two different Employee Applications -- one for Groups 2 to 19 (with medical questions), and another shorter application for Groups 20 to 50 (with no medical questions).

Each enrolling employee (and including Cobra) must complete an Employee Application. Most common omissions are: **To Be Completed by Employer** section, **Section A** - Date of Hire, **Section B** – Birthdate, **Section F** - Signature, and **Section G** - failure to answer all 15 medical questions.

Applicants must not initial the waiver box in **Section E** – Waiver of Coverage, unless they intend to waive coverage for themselves or their dependents.

If Employee Applications were previously sent with Fast Track Underwriting, they do not need to be sent again. For Cobra enrollees, list separately, coverage Start Date and End Date.

\_\_\_ **6. Employee Enrollment for Additional Dependents**

The employee uses this supplemental form only if more than one child is enrolling.

\_\_\_ **7. Employee Waiver Forms**

Waiving employees must complete page 1 of the Employee Application, and initial & date the boxes in Section E, Waiver of Coverage. Signature in Section F, and Page 2, is not required.

\_\_\_ **8. Quarterly Wage & Tax Report Listing All Employees**

(See attached UnitedHealthcare Tax Requirements on next page.) Employee Applications will be reconciled against this report. Every employee on the tax report must complete an application to enroll, (or to waive); or otherwise be marked as terminated, or part-time.

\_\_\_ **9. Copy of Prior Carrier’s Latest Monthly Detailed Statement**

Not just the invoice, but the detailed itemized statement listing the covered employees. Group enrollment will also be reconciled against this statement.

\_\_\_ **10. (If Fast Track Underwriting Was Not Done) – UnitedeServices Proposal**

From the UnitedeServices Proposal, include \_\_\_ 1. Company Information page, \_\_\_ 2. Detailed Census page (must reconcile with the submitted Employee Applications), \_\_\_ 3. the Medical Rates page with elected plan(s) circled, and \_\_\_ 4. Dental & Life Rate pages, if applicable.

\_\_\_ **11. Binder Check (First Month Premium)**

## Required Tax Documentation

### 2-3 Eligible Employees (applying)

1. A Small Business with current coverage (past billing statement included)
  - ▶ Wage and Tax Statement or
  - ▶ Payroll or
  - ▶ Business Documents (Articles of Incorporation, Partnership Papers, etc.)
2. A Small Business with **no** current coverage
  - ▶ Wage and Tax Statement or
  - ▶ Payroll **and** Business Documents i.e. Articles of Incorporation, Partnership Papers, etc. Note: If no past billing statement or no Wage and Tax available, the group must submit both payroll and business papers.

### 4 (applying) – 50 Eligible Employees

- ▶ Wage and Tax Statement or
- ▶ Payroll

### Other Acceptable Documentation

- ▶ ADP, Paychex
- ▶ Quicken or Quick Books Payroll Ledger
- ▶ Payroll Ledger showing withholdings
- ▶ Schedule C
- ▶ Schedule K-1 (1065) for each individual
- ▶ 1099 Letter

### Unacceptable Documents

- ▶ W-2, W-3, W-9, etc.
- ▶ Check Stubs
- ▶ Word Documents
- ▶ Letters
- ▶ Application for Employer Identification Number (SS4)
- ▶ Individual Income Tax Returns
- ▶ Employee Census