

## WMC Association Health Plan

### Quote Requests

Please send the required information to [mflynn@wmc.org](mailto:mflynn@wmc.org)

- AHP Quote Request Form for WMC
- Group census\*\* for all enrolling members including:
  - First & Last name
  - Date of Birth
  - Gender
  - Relationship
  - Home Zip code
  - Coverage requested

### Sold Case Submission

Please send the required information to [vo\\_nationalaccounts@uhc.com](mailto:vo_nationalaccounts@uhc.com)

- Wisconsin Employer Application 1-50
- Wisconsin 1-50 Employee Application/PRIME Enrollment Spreadsheet\*\*
- AHP Certification Form
- AHP Employer Participation Agreement
- Tax Documentation
  - Group size 1-9 enrolled = Wage/Tax Documents
  - Group size 10+ enrolled = Participation Certification Form
- Sold products/rates (Proposal)
- Binder Check
- AHP Service Fee Agreement\*
- AHP Billing & Collection Agreement\*

\*Broker, employer and AHP signatures are required when submitted.

**\*\*Any change in census will result in a re-rate of the proposal. Final Rates are based on final sold census.**

**Questions should be referred to your UnitedHealthcare representative.**