

# WMC Employer Pulse - Wholesale & Retail Trade Quoting and Installation Checklist

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To obtain a preliminary quote, submit the following documentation to [CentralSub@uhc.com](mailto:CentralSub@uhc.com). For faster turnaround, quote directly via [www.unitedeservices.com](http://www.unitedeservices.com) and insert 7950931 for WMC Wholesale and Retail Trade as the franchise code to generate a proposal reflecting plans specific to this association.

## Quote Request Required Documents

### AHP Quote Request Form ([Download now](#))

- ☐ Requested effective date
- ☐ Group name, full address with ZIP code and valid SIC code
- ☐ Employer contribution for employees and dependents
- ☐ Agency name, full address with ZIP code
- ☐ Broker email (where to send quote)
- ☐ Average total number of employees (ATNE)
- ☐ Total number of eligible employees
- ☐ Total number of enrolling employees and valid waivers
- ☐ Is this group currently covered by UnitedHealthcare or one of its affiliates: Yes or No
- ☐ Dependent level census in Excel format listing all enrolling members (DOB, gender, home ZIP, relationship, coverage requested)

To obtain an underwritten quote, submit an email requesting underwritten rates to [CentralSub@uhc.com](mailto:CentralSub@uhc.com), and include the following documents:

- ☐ UeS preliminary quote
- ☐ [Employee applications](#) and [health addendum](#) (if under 20 subscribers, virgin or low participation)
- ☐ Dependent level census (for 20 or more subscribers)

## Installation

For installation of the group, submit the following documentation to: [vo\\_nationalaccounts@uhc.com](mailto:vo_nationalaccounts@uhc.com).

- ☐ Completed [UnitedHealthcare AHP employer application for small business](#)
- ☐ Completed [UnitedHealthcare AHP employee enrollment form](#) or [Prime enrollment spreadsheet](#)
- ☐ UnitedHealthcare proposal with correct census and sold rates
- ☐ [Wage and tax \(1-9 eligible employees\) or participation certification form for groups with 10+ eligible employees](#)
- ☐ Copy of binder check payable to UnitedHealthcare, or completed [direct debit form](#)
- ☐ [AHP certification form](#)
- ☐ [AHP employer participation agreement](#)
- ☐ [AHP billing and collection agreement \(BCA\)](#)

# WMC Employer Pulse - Wholesale & Retail Trade Sold Case Installation Checklist

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## ☐ AHP Service Fee Provider Agreement

Please send only the original binder check to the below address for processing. Include the Tax ID number in the memo section of the check.

**UHS Premium Billing**  
**P.O. Box 94017**  
**Palatine, IL 60094-4017**

If using overnight services:

**UHS Premium Billing**  
**Attn: Box 94017**  
**5505 N. Cumberland Ave. Ste. 307**  
**Chicago, IL 60656-1471**

Indicate the employment or eligibility status for each employee listed on any submitted QWR or payroll records with these abbreviations: A=Any employee submitting an application, W=Waiving, P/T=Part-Time, T=Terminated, S=Seasonal, WP=Waiting Period.



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