

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

To obtain a preliminary quote, submit the following documentation to CentralSub@uhc.com. For faster turnaround, quote directly via 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, 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.

- ☐ 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

☐ 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.



Not for consumer use.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health Plan coverage provided by or through UnitedHealthcare of Wisconsin, Inc.

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UHC](https://twitter.com/UHC) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

09/19 ©2019 United HealthCare Services, Inc. 18-10010