

## Important Message

- ☐ **Initial Group Enrollment:** UnitedHealthcare will not approve any plan or network change requests, nor will they approve the addition of employees and/or dependents to the group plan beyond the last day of the effective month. No exceptions outside of a qualifying event.

## Employer Requirements

- ☐ **Group Application & Product and Benefit Selection Form**
- these forms are required for all new business and must be completed in their entirety.
  - they must be signed by both the employer AND the broker.
  - *IMPORTANT NOTE:* only the most current version of the application will be accepted.
- ☐ **DE-9C / Quarterly Contribution Return & Report of Wages (groups with <3 enrolled)**
- for groups with <3 enrolled, the DE-9C is required to verify all eligible employees are accounted for.
  - the DE-9C must account for all employees (no alterations are permitted).
  - if owner(s) are not listed on the DE-9C, additional documents will be required; please reference B&P's Legal Document Guidelines for further guidance.
- ☐ **Payroll Records (groups with <3 enrolled)**
- payroll statements for 2 weeks required for a company that has not been in business long enough to file a DE-9C.
  - payroll statements must include company name, current pay period, all employees including wages paid, withholdings, and total payroll expenditure.
  - handwritten wage and tax statements are acceptable if the state form is used.
  - new hires who are not listed on the wage and tax statement, or are handwritten, require a two week payroll.
- ☐ **Participation Certification Form** (groups with 3+ enrolled): use in lieu of DE-9C for groups with 3 or more enrolled
- ☐ **Premium Deposit Check or EFT**
- submit a company check payable to UnitedHealthcare
  - the check should reflect the first month's premium.
  - employer groups enrolling 1-2 eligibles must use the EFT payment option for initial and ongoing payments
- ☐ **Kaiser Permanente**
- if you are also offering Kaiser Permanente, include all UnitedHealthcare waivers for those employees enrolling with Kaiser.
  - Provide Kaiser bill; a copy of Kaiser enrollments is required for anyone not listed on the bill.
- ☐ **Submission Deadline**
- 1st of the month effective date DUE by the 4th working day of the month.
  - 15th of the month effective date DUE by the 15th working day of each month (only PPO standalone groups)

## Employee Requirements

- ☐ **Employee Enrollment Form**
- an enrollment form must be completed AND signed by all eligible employees, including anyone continuing coverage as a CalCOBRA or Federal COBRA enrollee.
  - if Medicare is Primary, a copy of the employee's Medicare card is required to verify enrollment in Part A&B. A copy of the Medicare card will also help confirm participation requirements.
- ☐ **Declination of Coverage Form:** all eligible employees waiving coverage must complete the waiver section of the enrollment form AND sign.