

# UnitedHealthcare of Wisconsin New Group Small group Checklist (2-50 Employees)

The following pieces of information are **required** when submitting a new case.

**1. Small Group Employer Application**

Please indicate if LIFE/AD&D is requested and the amount of coverage group would like. Medical questions must be answered on groups of 2-5 enrolling or for groups requesting more than \$15,000.

**2. Small Employer Uniform Employee Application For Group Health Insurance** for all eligible employees. . If applicable, “Medical Information” (pages 2&3) are required for all medical and/or life applicants including employees in a waiting period. Please make sure all applications are **signed and dated**.

- All employees must complete and return the myuhc.com Registration Form

**3. For waivers (other than those applying LIFE/AD&D)** use the Small Employer Uniform Employee Application (Pages 1,3 & 4). For ease of submission, waivers are exempt from answering medical questions.

**4. A copy of the premium check** in the amount of the first month’s premium (approximate amount is acceptable) payable to: **UnitedHealthcare of Wisconsin, Inc.**

**5. Small Employer Group Disclosure Form**

**6.** Copy of the most recent **bill** from the current carrier

**7.** Copy of the most recent **Quarterly Wage & Tax Statement -- UC101** (employee roster portion). Indicate status of all employees listed (full-time, part-time, terminated, etc.) *In lieu of the most recent Quarterly Wage & Tax Statement, the following is needed if you are:*

<b>Type of Business</b>	<b>In Business &lt; 3 Months</b>	<b>In Business 3+ months</b>
“C” Corporation	Articles of Incorporation; and payroll records	Form UC101; Form 1120; Payroll
“S” Corporation	Articles of Incorporation; Form SS-4 (app. For tax ID#); and payroll records	Form 1120S; Schedule K1; Schedule SE; and Form UC101
Partnership	Partnership Agreement and Form SS-4 (app. For tax ID#)	Form 1065; Schedule K1; Schedule SE; and Form UC101
Limited Liability Company (LLC)	See either “C” Corporation or Partnership above for required documentation	
Sole Proprietorship	Form SS-4 (app. For Tax ID#) and payroll records	Form 1040; Schedule SE; Schedule C; and Form UC101
Independent Contractor (1099)	For 1099 contractors to be eligible; the group must have two (2) full-time wage earning employees enrolling. Also required; payroll records; letter from group stating that all 1099 employees are eligible, full-time, working only for the applying company, and that same benefits and contribution will be offered to 1099 and W2 employees.	
Non-Profit Organization	Incorporation papers or SS-4 and payroll records	Form 941 with supportingr 1099s with Service Agreement; and payroll

**8. Employer services form filled out.**

***See Reverse side for H S A guidelines***

**UnitedHealthcare of Wisconsin**  
**New Group Small Group HSA Checklist**  
**(2-50 Employees)**

The following pieces of information are **required** when submitting a new case.

**1. Small Group Employer Application**

*Please indicate if LIFE/AD&D is requested and the amount of coverage group would like. Medical questions must be answered on groups of 2-5 enrolling or for groups requesting more than \$15,000.*

**2. Exante Bank Health Savings Account Employer Contribution/ Investment Worksheet**

This is only needed if an employer is contributing to employee HSA accounts. This form should be submitted directly to Exante Bank, P.O. Box 271629, Salt Lake City, Utah 84127-1629

**3. Exante Bank Notification Form**

This is only needed if an employer is contributing to employee HSA accounts. This form should be submitted directly to Exante Bank, P.O. Box 271629, Salt Lake City, Utah 84127-1629

**4. Exante Bank HSA “PPD ACH Contribution” File Requirements (NACHA)**

This is only needed if an employer is electronically contributing to employee HSA accounts. This form should be submitted directly to Exante Bank, P.O. Box 271629, Salt Lake City, Utah 84127-1629

**5. Small Employer Uniform Employee Application For Group Health Insurance for all eligible employees.** . If applicable, “Medical Information” (pages 2&3) are required for all medical and/or life applicants including employees in a waiting period. Please make sure all applications are **signed and dated**.

- a. All employees must complete and return the myuhc.com Registration Form

**6. For waivers (other than those applying LIFE/AD&D)** use the Small Employer Uniform Employee Application (Pages 1,3 & 4). For ease of submission, waivers are exempt from answering medical questions.

**7. Exante Bank Health Savings Account Application**

This is only needed if an employee is opening an HSA account with Exante. This form should be submitted directly to Exante Bank, P.O. Box 271629, Salt Lake City, Utah 84127-1629

**8. A copy of the premium check** in the amount of the first month’s premium (approximate amount is acceptable) payable to: **UnitedHealthcare of Wisconsin, Inc.**

**9. Small Employer Group Disclosure Form**

**10. Copy of the most recent bill from the current carrier**

**11. Copy of the most recent Quarterly Wage & Tax Statement -- UC101** (employee roster portion). Indicate status of all employees listed (full-time, part-time, terminated, etc.)