



# **Small Business Broker Reference Guide**

Mandi Comer AE for 1-50 Accounts

**Nebraska & Western Iowa**

United  
Healthcare®

# Small Business for Nebraska/Western Iowa

## 1-50 Eligible Employees New Business Proposal & Installation Requirements

### ❖ **How to receive a 1-50 new business UnitedHealthcare proposal?**

1. Agency may run their own proposals via SAM – Sales Automation Management System by accessing the tool at [www.unitedservices.com](http://www.unitedservices.com).
2. Agency can submit their Request for Proposals to [centralsub@uhc.com](mailto:centralsub@uhc.com) for Sales Operations to generate a proposal to be sent back via secure email to Agency. Turnaround times vary depending on time of year.

#### **All RFPs Must Include:**

- Group Name / Writing Agent Name
- Effective Date
- SIC Code or Nature of Business
- Addresses for all business locations
- Total number of FT eligible employees
- Census with Employee
- Spouse & Dependent Dates of Birth w Gender
- Benefit Elections
- Home Zip Codes
- ATNE for Iowa for All Savers

#### **Please note:**

**All Medical Multi-Choice 4 Tier Composite plan options will be quoted unless otherwise notified**

### ❖ **How to submit a 1-50 new business sold case for installation to UnitedHealthcare?**

1. For Cases quoted in the SAM system, use the SAM system to enroll the group and upload the required documents. *(Items a. thru c. below are the required)*.
  2. For all submission on all product lines see *chart on next page for submission requirements*
- a. Most current Wage & Tax *(nothing blacked out, each person marked for employment status (i.e., FT, PT, Termed, etc.), additional tax documentation for owners/partners not listed on the wage & tax such as K1's, 1120's, LLC Agreements, etc. will be requested, see page 5 for further tax documentation details)* or UHC Participation Certification Form for groups with 10 or more.
  - b. Binder Check\* for first month premium *(copy is acceptable until installation is completed)*.
  - c. Please mail physical Binder Check\* with the groups TINS# written on the check to the mailing address below.
3. For Cases not eligible for SAM submissions, Agency should submit the following via secure delivery to your Account Executive [mandi\\_comer@uhc.com](mailto:mandi_comer@uhc.com) installation. *(Items a. thru h. below are the required)*
  4. For all submission on all product lines see *chart on next page for submission requirements.*
- a. Employee Applications **or** the PRIME Enrollment Census Spreadsheet.
  - b. Employer Application. **Please be sure to use the most current version available on UnitedServices.com.**
  - c. Most current Wage & Tax *(nothing blacked out, each person marked for employment status (i.e., FT, PT, Termed, etc.), additional tax documentation for owners/partners not listed on the wage & tax such as K1's, 1120's, LLC Agreements, etc. will be requested, see page 5 for further tax documentation details)* or UHC Participation Certification Form for groups with 10 or more.
  - e. Binder Check\* for is the first month premium *(copy is acceptable until installation is completed)*.
  - f. Please mail physical Binder Check\* with the groups TINS# written on the check to the mailing address below.
  - g. UHC quote (or SAM or UeS proposal) *(the proposal should be for the effective date requested with the correct enrolling census)*.
  - h. Confirm if the group wants paper or electronic billing statements.

#### **\*BINDER CHECK MAILING ADDRESS:**

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

Remember to include the Groups TINS # on check before sending.

#### **Please note:**

**Additional information may be requested after installation begins before a group will can be finalized.**

# Submission Requirement for all product lines

Pre-sale requirements may change, and installation reserves the right to request additional information as they deem necessary. In addition, if there are discrepancies between this document and any employer contract or certificate of coverage, the contract or certificate of coverage will prevail.

Requirements	Medical	Life <sup>1</sup>	Dental <sup>1,2</sup>	Vision <sup>1</sup>	Supp Life, STD, LTD <sup>1</sup>
<b>Employer:</b>					
ER Application	<b>UHC Employer Application (State Specific)</b>				
Wage & Tax or Current Payroll	Requirement for all products (not product specific) Stand Alone Specialty will accept a current carrier bill (any health/ancillary insurance) or a current payroll for all size groups in lieu of W&T docs. This requirement applies to both voluntary and non-voluntary.				
Prior Billing Statement	Not Required	Not Required	Prior & Current Dental Billing Statement <sup>2</sup>	Not Required	Only Required for Grandfathered Supp Life requests
Copy of Premium Check or Direct Debit Form	Medical Prem	Life Prem <sup>3</sup> Vol Plans – Not required	Den Prem <sup>3</sup> Vol Plans – Not required	Vis Prem <sup>3</sup> Vol Plans – Not required	Supp Life, STD, LTD Prem <sup>3</sup> Vol Plans – Not required
<b>Premium Payment can be combined when multiple products are sold</b>					
Verification Approval	Verification Approval e-mail from Broker is only required when a binder check has not been provided				
Proposal /Quote	UnitedHealthcare Proposal from SAM. Please note quote should reflect the correct effective date and the correct enrolling census				
<b>Employee:</b>					
EE Application	<b>Employee Application (State Specific) L&amp;D Supplement (see below for Supp. form)</b>				
Prime Enrollment Census	Prime Enrollment Census Spreadsheet (available on SAM) can be submitted in place of enrollment forms				
EE Waiver	<b>Waiver forms are no longer required</b>				

<sup>1</sup> For Life, Dental, and Vision products, if there is an existing Medical product, we will not require the binder check and we can accept an enrollment spreadsheet in place of the employee enrollment forms (with the exception of Life over the guaranteed issue which will require enrollment forms for underwriting review).

<sup>2</sup> Some dental plans have a separate built in benefit waiting period for major dental services and Orthodontia. In those cases, a group may be allowed to waive the waiting period if they provide evidence of prior dental coverage that includes major services and was in place for 12 consecutive months.

Documentation accepted is prior carrier dental SPD or COC and a recent and 12-month-old bill or the renewal letter from the prior dental carrier.

<sup>3</sup> Voluntary definition = Employer contributes 0 - 50%

# Small Business for Nebraska/Western Iowa

## 1-50 Eligible Employees New Business Proposal & Installation Requirements

### PLEASE NOTE CHANGES EFFECTIVE 2.1.18

**General Rule:** To qualify as a group health plan under ERISA, an employer must have at least **one common law employee** who is **eligible and enrolled, in addition** to an owner and the owner's spouse.

Entities that do not meet this requirement **will not be issued** a new business policy.

**There are no exceptions.**

Sole Proprietor	When the owner is the only eligible and enrolled individual (or the owner and his or her spouse), it is not a group health plan unless at least one other eligible common law employee (W-2 or 1099 for this business type is enrolled in the plan
Partnerships / LLP / LP & PLLP	If only partners and/or partners and their spouses are covered, they are not a group health plan unless there is at least one other common law employee (W-2 or 1099 for this business type) eligible and enrolled in coverage.
S & C Corporations / LLC & PLLC	<p>Two owners who are not spouses may qualify as a group health plan. An additional common law employee is not required to enroll as an owner may be considered a common law employee if working full time at the company. i.e., the group may consist of multiple owners only with no full-time employees, where at least one owner is actively working and enrolled. If the Corp (S &amp; C) /LLC/PLLC has only one owner and/or owner and spouse as eligible, it is not a group health plan.</p> <ul style="list-style-type: none"> <li>• A child of one owner only or owner/spouse only business maybe the other common law employee if he or she is an eligible employee over the age of 18 (i.e. no longer a minor child per state law) and is enrolled for coverage.</li> </ul>
Common Law Employee	<p><b>Determining factors:</b></p> <ul style="list-style-type: none"> <li>• Employee enrolling in coverage must still be full time eligible.</li> <li>• The tax treatment of the worker (i.e., W-2 or 1099) <b>NOTE:</b> A group may have an eligible 1099 employee as the enrolled common law employee with the signed employer 1099 attestation form.</li> <li>• The employer's right to control the manner and means by which the work is completed.</li> <li>• Whether the employer provides the materials and tools necessary for the work</li> <li>• Whether the employer has the right to assign additional projects to the worker</li> <li>• The extent of the employer's control over the worker's hours</li> <li>• Whether the work is part of the regular business of the employer</li> </ul>

# Case Installation Explanation/Requirements

Pre-sale requirements may change, and installation reserves the right to request additional information as they deem necessary. In addition, if there are discrepancies between this document and any employer contract or certificate of coverage, the contract or certificate of coverage will prevail.

Explanation/Requirements	
<b>Enrollment form requirements**</b>	<p>Groups with 1 to 50 total eligible employees will need to either complete the PRIME New Business Enrollment Spreadsheet or have the employees complete the applicable state Uniform Employee Application.</p> <ul style="list-style-type: none"> <li>• <b>If the PRIME Enrollment Spreadsheet is completed for enrolling the group instead of using the Uniform Employee Application scan:</b></li> <li>• Enter demographic &amp; general information for all enrolling employees and dependents in columns A – H, N – Q, V – W (R-T is optional); COBRA or State Continuation status should be indicated in X &amp; Y; Coverage elections based on what is being installed should be entered as follows: Medical in AA (also AB to indicate plan if more than one medical plan is offered); Dental elections in AD (also AE to indicate if more than one dental plan is offered), Vision election in AG and Life elections in AH &amp; AI.</li> <li>• <b>If paper Employee Applications are used for those enrolling:</b> <ul style="list-style-type: none"> <li>○ <b>Nebraska - Complete one of the following forms</b> <b>Nebraska Employee Enrollment Form: (#370-6690 5/20)</b></li> <li>○ <b>Iowa - Complete the following form:</b> <b>Iowa Uniform Group Health Application: (#250-3781 1/15)</b></li> </ul> </li> <li>• <b>Waiver forms are no longer needed for Nebraska or Iowa. The wage and tax documents should be marked as “waiver” for all employees that are waiving coverage.</b></li> </ul> <p>**Forms should be signed and dated within 90 days of the requested effective date. Also, since application forms are subject to change, always use the current forms available on <a href="http://UnitedeServices.com">UnitedeServices.com</a>.</p>
<b>Multi-Choice</b>	<p>The Multi-Choice product allows any number of the plan options to be packaged together.</p>
<b>Billing Age Rule/Date of birth calculation (age-banded rate changes)</b>	<p>All states have adopted the “renewal rule” – member’s age is frozen as of age they were on renewal date or initial effective date of the plan year until the next renewal date.</p>
<b>Maximum number of children billed (age-banded rated groups)</b>	<p>The maximum number of children billed will be on up to 3 children who are under the age of 21. All enrolling children who are 21 and above are rated additionally, according to the age-banded rate.</p>
<b>Quarterly wage &amp; tax report</b>	<p>Most recent quarterly Wage &amp; Tax statement, all pages need to be submitted:</p> <ul style="list-style-type: none"> <li>• First Quarter (Jan – Mar) – statement available May 1</li> <li>• Second Quarter (Apr – Jun) – statement available August 1</li> <li>• Third Quarter (Jul – Sep) – statement available November 1</li> <li>• Fourth Quarter (Oct – Dec) – statement available February 1</li> </ul> <p>Mark each employee to indicate current employment status such as: part-time/PT, full-time/FT enrolling or full-time/FT waiver, terminated, or full time/FT-not eligible yet.</p> <p>See the next page for additional information regarding tax documentation that may apply.</p>
<b>Wage &amp; Tax Statement Alternatives or Additional Requirements</b>	<p>In situations where a Wage &amp; Tax statement is NOT available OR if the owner(s) and/or partner(s) are NOT listed, the following highlighted alternative or additional requirements may apply. The requirements vary depending on the type of corporation and if the group has been in business for either less or more than one year.</p>

**Explanation/Requirements cont.**

<b>Classes</b>	Classes that may be excluded must be based on hourly/salaried, union/non-union, and/or management/non-management.
<b>Spouse Only Groups</b>	<ul style="list-style-type: none"> <li>• <i>Except in Massachusetts, or a nonprofit in any state, no new small employer policy should be issued to an entity that has no eligible employees/1099s other than the owner and the owner's spouse. Currently, state laws control which relationships are considered marriages.</i></li> <li>• <i>Except in Massachusetts or a nonprofit in any state, an entity must have at least one full-time employee/1099, other than the owner and the spouse of the owner, who is eligible to participate in the group plan under the plan documents. If only an owner and spouse are enrolling as full-time employees, they will not qualify for a small employer plan.</i></li> <li>• <i>The child of the sole owner may be the other eligible employee if he or she is 18 or over (no longer a minor child) and is eligible for coverage under the terms of the employer-sponsored plan.</i></li> <li>• <i>The non-spousal, eligible employee does not have to elect or enroll in coverage for the entity to qualify for purchase of a small employer policy.</i></li> <li>• <i>Sufficient tax or payroll documentation must be provided for all eligible enrollees to indicate they are either owners or employees.</i></li> </ul> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• <i>This applies to groups with both medical and ancillary-only coverage.</i></li> <li>• <i>This applies to any business entity type (C-Corporation, S-Corporation, sole proprietor, LLC, etc.).</i></li> </ul>
<b>Companies Using Payroll Services Only</b>	<ul style="list-style-type: none"> <li>• <i>In certain situations, the employer may use the payroll services of a professional employer organization (PEO) or payroll company. UnitedHealthcare will accept documentation from the PEO or payroll service on behalf of the employer.</i></li> <li>• <i>Validation can be made by requesting a wage and tax statement or payroll listing the employees that are specific to the employer (containing no employees from any other company).</i></li> <li>• <i>If the employer cannot provide the health plan with a specific wage and tax statement or payroll, assume the employees are employees of the PEO/leasing company and not eligible for coverage.</i></li> </ul>

Exclusions and coverage limitations are detailed in the group contract and the member certificate of coverage. If there are discrepancies between this document and any employer contract or certificate of coverage, the contract or certificate of coverage will prevail.

# Small Group Medical Submissions Wage and Tax Required Documents **Revised as of 10/1/2020**

As part of the group enrollment process, we require that small groups enrolling in medical coverage submit tax documentation to verify that the group meets the eligibility requirements for healthcare coverage.

**NOTE:** Proof of ownership is also always required when an (enrolling or waiving) eligible owner is not listed on the submitted Quarterly Wage & Tax Report (QWR) or two-week/quarterly payroll.

Organization Type	Time in Business	Required Tax Documents	Ownership Documents
C-Corporation	Less than 1 year	<ul style="list-style-type: none"> <li>Articles of Incorporation, filed with the state listing all enrolling officers' names</li> <li>IRS/Secretary of State Letter indicating issued Tax ID Number</li> <li>Two-week/quarterly payroll</li> </ul>	
	1 year or more	<ul style="list-style-type: none"> <li>Quarterly Wage and Tax Report <b>or</b></li> <li>Quarterly payroll (if prepared by a payroll company)</li> </ul>	<ul style="list-style-type: none"> <li>IRS Form 1120 (pages 1-2)</li> <li>Include Schedule G, Form 1125-E, <b>or</b> Schedule K-5 to identify owner(s)</li> </ul>
S-Corporation	Less than 1 year	<ul style="list-style-type: none"> <li>Articles of Incorporation, filed with the state listing all enrolling officers' names</li> <li>IRS/Secretary of State Letter indicating issued Tax ID Number</li> <li>Two-week/quarterly payroll</li> </ul>	
	1 year or more	<ul style="list-style-type: none"> <li>Quarterly Wage and Tax Report <b>or</b></li> <li>Quarterly payroll (if prepared by a payroll company)</li> </ul>	<ul style="list-style-type: none"> <li>Schedule K-1 (IRS Form 1120S) for all owners</li> </ul>
Partnership/LLP	Less than 1 year	<ul style="list-style-type: none"> <li>Partnership Agreement signed by all partners</li> <li>IRS/Secretary of State Letter indicating issued Tax ID Number</li> <li>Two-week/quarterly payroll</li> </ul>	
	1 year or more	<ul style="list-style-type: none"> <li>Quarterly Wage and Tax Report <b>or</b></li> <li>Quarterly payroll (if prepared by a payroll company)</li> </ul>	<ul style="list-style-type: none"> <li>Schedule K-1 (IRS Form 1065) for all owners <b>or</b></li> <li>Partnership Agreement signed by all partners if the K-1 form has not been filed</li> </ul>
LLC	Less than 1 year	<ul style="list-style-type: none"> <li>LLC Agreement signed by all owners</li> <li>IRS/Secretary of State Letter indicating issued Tax ID Number</li> <li>Two-week/quarterly payroll for all employees not bound by the LC Agreement</li> </ul>	
	1 year or more	<ul style="list-style-type: none"> <li>Quarterly Wage and Tax Report <b>or</b></li> <li>Quarterly payroll (if prepared by a payroll company)</li> </ul>	<ul style="list-style-type: none"> <li>Schedule K-1 for all owners <b>or</b></li> <li>Schedule C (IRS Form 1040) for all owners</li> </ul>
Sole Proprietorship	Less than 1 year	<ul style="list-style-type: none"> <li>Business License</li> <li>IRS/Secretary of State Letter indicating issued Tax ID Number</li> <li>Two-week/quarterly payroll for all employees not on license</li> </ul>	
	1 year or more	<ul style="list-style-type: none"> <li>Quarterly Wage &amp; Tax Report <b>or</b></li> <li>Quarterly payroll (if prepared by a payroll company)</li> </ul>	<ul style="list-style-type: none"> <li>Schedule C (IRS Form 1040) <b>or</b></li> <li>Schedule E (IRS Form 1040)</li> </ul> <p><b>NOTE:</b> If enrolling spouse of sole proprietor is not on the quarterly wage &amp; tax, a W2, payroll or Self-Employment form is required</p>
Non-Profits / Religious		<ul style="list-style-type: none"> <li>Most recent quarter IRS Form 941</li> <li>Two-week/quarterly payroll</li> </ul>	
Farms		<ul style="list-style-type: none"> <li>Schedule F (IRS Form 1040)</li> <li>Two week/quarterly payroll</li> </ul>	

**NOTES:**

**Quarterly Wage & Tax Reports (QWR)** submitted must be from the most recent quarter. All pages must be provided.

**Payroll Records:**

- If a two-week/quarterly payroll statement is submitted, it must list the company name, reflect a current two-week/quarterly pay period, and include a list of all employees indicating wages paid, withholdings and grand totals.
- Handwritten or estimated payroll, individual payroll/pay stubs or W-2, W-3, W-4, W-9's will not be accepted.
- Payrolls prepared by a payroll company must include supporting documentation showing this.

Indicate the employment or eligibility status for each employee on any submitted QWR or payroll records with these abbreviations:

**A** – Any Employee Applying for Coverage  
**T** – Terminated Employees  
**NH** – New Hire

**W** – Employee Waiving Coverage  
**S** – Seasonal Employees

**P/T** – Part-Time Employees  
**WP** – Waiting Period Employees

**EXCEPTIONS:**

- For groups with any **1099 contractors** eligible for coverage, if the 1099 contractor has been employed by the group 12 months or more, the IRS 1099 Tax Form will be required to verify eligibility.
- For groups associated with any other entities that are eligible to file a combined tax return under Section 414 of the Internal Revenue Code, a Common Ownership Certificate will be required to verify eligibility.

***UnitedHealthcare and affiliates reserve the right to request proof of ownership, additional payroll or supporting tax documentation on any submission.***



# Small Business for Nebraska/Western Iowa

## Additional information

### 1-50 Eligible Employees Renewal Business

Renewal Account Executive Amy Mork [amy\\_mork@uhc.com](mailto:amy_mork@uhc.com)

- Provides renewal packets
- Reviews renewal packets to determine cost savings and appropriate plan selection
- Ongoing UHC plan, market, and day-to-day business education
- Provides annual plan grids
- Provides mid-year book of business reporting, for agencies requesting
- Processes renewals through Plan Change Unit
- Requests alternate medical quotes
- Provides dental, vision, life, LTD, STD quotes
- Requests All Savers quotes
- Assists with All Savers migration installation\*
- Assists with All Savers to UHC Fully Insured migrations
- Assists with UHC Fully Insured to All Savers migrations
- Provides ongoing education related to market insight, pricing, the ACA, UHC and All Savers updates
- Routes agent in the appropriate direction for service and enrollment issues
- Works with groups directly, when requested, to process renewals and with up-sales

#### \*All Savers Migration

[www.MyAllSavers.com](http://www.MyAllSavers.com)

[MyAllSaversInfo@unitedhealthone.com](mailto:MyAllSaversInfo@unitedhealthone.com) (for renewal kit and plan inquiries)

[MyAllSaversReply@unitedhealthone.com](mailto:MyAllSaversReply@unitedhealthone.com)

- Utilize your Renewal Account Executive to ensure the respective UHC fully insured client is a good candidate for the All Savers program.
- Once candidacy has been approved, a quote will be requested by your Renewal Account Executive and provided to you.
- When a group chooses to move from UHC to ASO, please follow the install instructions provided to you on the All Savers Migration process document.
- If you need assistance with the install, please reach out to your Renewal Account Executive and/or the All Savers contact team.
- Your RAE will also work with you to review the group's renewal kit and assist you in accepting the renewal.
- If terminations need to be made, they can be submitted to the Admin All Savers team.