



All Savers Alternate Funding 51-300 Installation Checklist.

The following items are required for installation. All items are essential for successful and timely turnaround on your final rates request. Incomplete items may cause delays.

Employer Name _____

Effective Date _____

Confirm Broker is Appointed

Plan Information:

- Medical Plans _____
- Drug Plans _____
- Dental Plan _____
- Vision Plan _____
- Life Plan _____
- ISL Amount _____
- ASL Amount _____

Rates for All Plans Elected

Employer Application

- Utilize the 51+ employer application.
- All questions answered completely.
- Signed and dated by both employer and broker on all indicated pages.
- Payment Authorization Form (needed regardless of type of payment).
- If you answer yes to the common ownership question on the second page of the group application, the common ownership form will be required.

Note: The employer must sign and completely fill out the Authorization portion if selecting EFT.

First Month's Premium

- Email a copy of the check.
- Electronic Funds Transfer (EFT).

• Mail the original check to:

United HealthCare Services, Inc.
P.O. Box 19032
Green Bay, WI 54307-9032

(If overnighting the check, please use United HealthCare Services, Inc., 3100 AMS Blvd., Green Bay, WI 54313.)

Excess Loss Application

- Filled out completely.
- Signed and dated by both the agent and the employer.

Billing and Collections Agreement

- PEPM Value entered.
- Signed and dated by employer and broker.

Note: Employer signs twice (once on page 3 and once on page 4).

New York Surcharge Form

- If the paperwork is received after the first of the month, the election will not be effective until the following month.

Demographic Spreadsheet with Plan Election

- Name (first and last).
- Gender.
- Date of Birth.
- Home ZIP Code.
- Indication of Dependents (spouse, children).
- Social Security Numbers.
- Home Address of Employee.
- Email Address of Employee.
- Date of Hire.
- Plan Elected.