



# South Florida New Business Checklist

## For Groups 2–50

Proposed rates are based on census data originally submitted and are valid only for those employees and dependents that reside or work in the designated service area. Final rates will be based on actual enrollment on the effective date of coverage. No group should cancel their coverage until they have received approval and final rates from UnitedHealthcare

UnitedHealthcare Insurance Company and/or Neighborhood Health Partnership, Inc. will be the sole carrier(s) for medical benefits.

### Forms

#### Employer Application

The UnitedHealthcare Group Application form must be completed and signed both by the employer and agent. Only completed original group applications will be accepted.

#### Employee Applications

Member enrollment forms must be completed (including the employee section at the top of the form), dated and signed for all eligible employees including those waiving coverage\*

COBRA enrollees are not counted as eligible employees when determining group size

Waivers must be completed, signed and dated by the employee.

Medicaid and Veterans Assistance are not considered valid waivers.

\*Spreadsheet enrollment is now available for Small Business 2-50 employer groups on both UnitedHealthcare and Neighborhood Health Partnership plans. With all new business cases, groups must either be completely submitted via the UnitedHealthcare spreadsheet enrollment excel template or entirely submitted with employee enrollment forms. (Valid waivers not required if spreadsheet enrollment is submitted)

#### Product Selection Form

The product selection form must be completed and signed by the employer.

### Financial

#### Contribution

Minimum employer contribution is 50% of the single employee rate on selected plan.

#### Binder Check

Binder checks with first month premium required with application. Please include TAX ID on the check and mail to the following location:

UnitedHealthcare – Small Group Business Sales  
3100 SW 145TH Avenue  
Suite 200  
Miramar, FL 33027

#### RT-6

If required to file a RT-6, UnitedHealthcare/Neighborhood Health Partnership requires all groups with less than 10 eligible to submit a signed copy of their current RT-6/ Quarterly Wage and Tax Report with their new business submissions. Groups with 10-50 eligible subscribers may submit the Participation Certification form in lieu of the RT-6 and/or payroll. For groups with PEO, Affiliate or Common Ownership; additional documentation may apply. Please contact your local Account Executive. All enrollees must appear on the submitted, filed tax documents unless they are new hires and their date of employment falls within the preceding quarter. If not required to file a RT-6 the most current payroll statement, one document from (see below) Box A (if applicable for your business), and one from Box B is required to establish eligibility.

All self-employed individuals and sole proprietors must be able to document taxable income in one of the two previous years as indicated on IRS Form 1040 Schedule C or F. If the previous years' tax documentation is not available, requests for Tax Filing Extension will be accepted subject to providing the most current payroll statement. All tax documents must be a signed copy of the original document or if submitted electronically, a copy of the document with a copy of the electronic acknowledgement.

Box A	Box B
Current business, state, or occupations license	IRS Form 941 (not for profit use only)
Articles of Incorporation	IRS Form 1040 (with a Schedule C or F)
Partnership agreements	IRS Form 1065 – Partnership Income (with K-1)
	IRS Form 1121/1120S – Corporate Income (with K-1)

## Participation

### 50% Minimum Participation

All 2-50 employer groups must meet a 50% participation requirement (after valid waivers) for new business eligibility. For example, if an employer group has 20 total employees with 10 valid waivers, then 50% of the remaining 10 eligible employees equal 5. The group must enroll a minimum of 5 employees to meet the 50% participation requirement.

### Eligible Employees

Eligible employees are those employees who are working a minimum of 25 hours per week and who have satisfied any waiting period as required by the employer. Employees in their waiting period are not eligible.

When determining if adequate participation levels are met, UnitedHealthcare does not count as eligible any employee who has qualifying existing coverage in another employer-based group insurance plan or an ERISA qualified self-insured plan.

### 1099

Individual contractors paid by 1099 are eligible for coverage providing specific guidelines are met.

## Submission deadline

UnitedHealthcare/Neighborhood Health Partnership may request additional documentation if needed to establish eligibility. All required information must be submitted to process the case by the requested effective date.

Effective dates are the 1st and 15th of the month. Any cases with missing information may delay processing for the requested effective date. Groups with 2-3 eligible lives are required to submit all necessary new business paperwork no later than 60 days in advance of the effective date.



**For more information, please contact your local representative.**

UnitedHealthcare  
3100 SW 145th Avenue Suite 200  
Miramar, Florida 33027

## Ancillary

UnitedHealthcare Insurance Company will be the sole carrier for dental and life products. The employer must meet the following eligible employee participation and contribution requirements for Dental and Vision.

### Contributory Plans

**Dental:** Employer contributes at least 50% of the single rate and minimum of 75% participation, not to fall below 50% of total eligible.

**Vision:** Employer contributes minimum of 75% on employer paid plans, 50% on contributory plans and at least 75% participation, not to fall below 50% total eligible.

**Basic Life:** Employer contributes minimum of 25% and minimum of 75% participation.

**Disability:** Contributory plans available for groups with minimum of 10 eligible. Employer contributes minimum of 25% and 50% minimum participation.

### Voluntary Plans

**Dental:** Maximum contribution of 49% with minimum of 2 enrolled on plans without ortho and minimum of 8 enrolled on plans with ortho.

**Vision:** Maximum contribution of 49% and minimum of 1 enrolled.

**Supplemental Life:** Available to groups with minimum of 10 eligible, must be sold with basic life and minimum of 25% participation (no employer contribution).

**Disability:** Available to groups with minimum of 10 eligible and minimum of 25% participation (no employer contribution).