

**UnitedHealthcare and UnitedHealthcare of Louisiana, Inc.  
New Business Proposal for Small Business Employers  
Louisiana**

**New Case Submission Checklist**

NOTE: ALL INFORMATION MUST BE RECEIVED BY THE 20 <sup>th</sup> OF THE MONTH PRECEDING THE EFFECTIVE DATE			
<input type="checkbox"/>	UnitedHealthcare proposal noting correct effective date of coverage.		
<input type="checkbox"/>	Group Application completed and signed by Employer and broker.		
<input type="checkbox"/>	Individual enrollment applications completed and signed by all eligible employees and their dependents (including those in their waiting period).		
<input type="checkbox"/>	All current Federal COBRA and State Continuation participants are required to submit either a completed and signed enrollment form or waiver at the time of new group submission.		
<input type="checkbox"/>	Out-of-area Enrollment Forms (if applicable).		
<input type="checkbox"/>	If Medicare is primary, a copy of each individual's Medicare card is required to verify enrollment in part A and B.		
<input type="checkbox"/>	Binder Check made payable to UnitedHealthcare for estimated first month total group premium. Binder checks are deposited upon receipt and a refund provided if coverage is not issued. <i>Note: Direct Debit as a payment option is available. To elect this payment method, submit a completed Direct Debit form (including a blank voided check), with the application.</i>		
<input type="checkbox"/>	<p><b>Verification of employment status</b></p> <p>All groups required to file a State Quarterly Wage &amp; Tax report (QWR) form must include a copy of the QWR with their new case submission*</p> <ul style="list-style-type: none"> <li>For groups that have been in business <b>less than one year</b> (or are not required to file a QWR), a current two-week/quarterly payroll is always required to validate that employees are working at the business and that an employer/employee relationship exists.</li> <li>For groups that have been in business <b>one year or more</b>, a wage and tax statement or a two-week/quarterly payroll from a payroll company is always required for all groups.</li> </ul> <p>*Indicate the employment or eligibility status for each employee listed on any submitted QWR or payroll records with these abbreviations:  <b>A</b> – any employee submitting an Application, <b>W</b> – Waiving, <b>P/T</b> – Part-Time, <b>T</b> – Terminated, <b>S</b> – Seasonal, <b>WP</b> – Waiting Period.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li><i>If QWR reflects more than a 50% change in census, a current payroll will also be required.</i></li> <li><i>If a 2-week/quarterly payroll statement is submitted, it must list the company name, reflect a current pay period and include a list of all employees indicating wages paid, withholdings and a grand total.</i></li> <li><i>Handwritten or estimated payroll, individual payroll/ pay stubs or W-2/W-3/W-4/W-9's are not acceptable.</i></li> </ul>		
<input type="checkbox"/>	<p><b>Proof of Ownership</b></p> <p>If the owner is not listed on the State QWR or the group is not required to file a QWR, one document from Box A (if applicable) and one from Box B below is required to establish eligibility, In addition two weeks of the most current payroll (ledger format) is required.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Box A</b></p> <ul style="list-style-type: none"> <li>Current Business, state and/or occupational license</li> <li>Articles of Incorporation</li> <li>Partnership, LLC or LLP Agreement</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Box B</b></p> <ul style="list-style-type: none"> <li><b>Non Profit Use only:</b> Quarterly Payroll Ledger with a 'by name' listing of staff names; totals matching IRS form 941</li> <li><b>Partnerships:</b> IRS Schedule K-1 (Form 1065)</li> <li><b>S Corps:</b> IRS Schedule K-1 (Form 1120S)</li> <li><b>C Corps:</b> IRS Forms: 1120 (Pages 1-2), Form 1120-Schedule G &amp; Form 1125-E listing all Owners</li> <li><b>Sole Proprietorships:</b> IRS Schedule C or F (Form 1040)</li> <li><b>Note:</b> Enrolling Spouse of Sole Proprietor (not listed on a quarterly wage &amp; tax statement) or Payroll must provide a Self-Employment (SE) Form</li> </ul> </td> </tr> </table>	<p><b>Box A</b></p> <ul style="list-style-type: none"> <li>Current Business, state and/or occupational license</li> <li>Articles of Incorporation</li> <li>Partnership, LLC or LLP Agreement</li> </ul>	<p><b>Box B</b></p> <ul style="list-style-type: none"> <li><b>Non Profit Use only:</b> Quarterly Payroll Ledger with a 'by name' listing of staff names; totals matching IRS form 941</li> <li><b>Partnerships:</b> IRS Schedule K-1 (Form 1065)</li> <li><b>S Corps:</b> IRS Schedule K-1 (Form 1120S)</li> <li><b>C Corps:</b> IRS Forms: 1120 (Pages 1-2), Form 1120-Schedule G &amp; Form 1125-E listing all Owners</li> <li><b>Sole Proprietorships:</b> IRS Schedule C or F (Form 1040)</li> <li><b>Note:</b> Enrolling Spouse of Sole Proprietor (not listed on a quarterly wage &amp; tax statement) or Payroll must provide a Self-Employment (SE) Form</li> </ul>
<p><b>Box A</b></p> <ul style="list-style-type: none"> <li>Current Business, state and/or occupational license</li> <li>Articles of Incorporation</li> <li>Partnership, LLC or LLP Agreement</li> </ul>	<p><b>Box B</b></p> <ul style="list-style-type: none"> <li><b>Non Profit Use only:</b> Quarterly Payroll Ledger with a 'by name' listing of staff names; totals matching IRS form 941</li> <li><b>Partnerships:</b> IRS Schedule K-1 (Form 1065)</li> <li><b>S Corps:</b> IRS Schedule K-1 (Form 1120S)</li> <li><b>C Corps:</b> IRS Forms: 1120 (Pages 1-2), Form 1120-Schedule G &amp; Form 1125-E listing all Owners</li> <li><b>Sole Proprietorships:</b> IRS Schedule C or F (Form 1040)</li> <li><b>Note:</b> Enrolling Spouse of Sole Proprietor (not listed on a quarterly wage &amp; tax statement) or Payroll must provide a Self-Employment (SE) Form</li> </ul>		

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

**UnitedHealthcare and UnitedHealthcare of Louisiana, Inc.  
New Business Proposal for Small Business Employers  
Louisiana**

We are pleased to provide you with this rate quote and benefit summary.  
Please note that this quote is subject to the following conditions and assumptions.

1.	<b>This group should not, under any circumstances, cancel their existing coverage until they have received approval from the UnitedHealthcare of Louisiana, Inc. Underwriting Department.</b>
2.	This rate quote is not an offer or a guarantee of coverage. This rate quote is subject to change if: (i) benefits are changed or a different product is selected, (ii) enrollment data differs from the data used for the quote, (iii) materially inaccurate information has been provided, (iv) the effective date of coverage is changed; or, (v) any other contingency of coverage required by law or contract. Total rates may also differ based on rounding in the calculations. No added dependent charges beyond 2 children under family contract.
3.	If coverage is issued, these rates will be in effect for 12 months from the initial effect date of coverage, subject to the group policy provisions.
4.	This proposal is not applicable if the group already has a UnitedHealthcare policy in force.
5.	<b>IMPORTANT:</b> Non-grandfathered new small group business beginning January 1, 2014 will be subject to the PPACA requirements affecting small employer group health plans, including Adjusted Community Rating Essential Health Benefits, PPACA taxes/fees, Prohibition of Pre-existing Conditions, Out of Pocket Maximums [\$6,600/\$13,200 unless different by state]. State law may be more restrictive or have additional requirements from those required under PPACA.
6.	All medical product proposals for UnitedHealthcare (UHC) of Louisiana, Inc. are valid only for those employees and dependents that work or reside in the designated service area.
7.	Insurance coverage is provided by or through UnitedHealthcare Insurance Company and affiliates, except New York.
8.	All employer groups are required to have Workers' Compensation for their employees (both full-time and part-time). Owners and partners may be exempt by State Law from having to carry Workers' Compensation.
9.	As part of this medical product purchase, employers will receive two additional services: COBRA and Pre-tax Premium Administrative services. These services are offered at no additional cost to the employer.
10.	<b>HRA, GAP, and Self-Funding Arrangement Guidelines</b> <ul style="list-style-type: none"> <li>• Only the UnitedHealthcare HRA-eligible benefit plans may be used in conjunction with a federally qualified HRA or other qualified self-funded wraparound product.</li> <li>• Employer contributions are pre-defined and comply with required metallic plan actuarial values.</li> <li>• Gap and any form of self-funding or insuring of the deductible or coinsurance are not permitted alongside any other UnitedHealthcare medical plan.</li> <li>• The UnitedHealthcare HRA Application must be completed by the employer group and included with case submission to Underwriting.</li> </ul>
11.	<b>Participation:</b> Minimum employee participation is 25% of total eligible [waiver forms not required].
12.	<b>Note:</b> <i>Participation and contribution rules may not be applied to new small business groups applying for a January 1st effective date during the open enrollment period that runs from November 15 through December 15 of each year. Additionally, when new plans are filed outside of the state's annual small group filing cycle, participation and contribution rules may not be applied to new small groups enrolling for group health benefits in those plan(s).</i>
13.	<b>Eligible Employees:</b> working a minimum of 30 hours per week.
14.	<b>Contribution:</b> Minimum Employer contribution is 50% of the employee only rate.
15.	<b>State Small Business Definition:</b> has employed an average of at least one but not more than fifty employees on business days during the preceding calendar year and who employs at least one employee on the first day of the plan year
16.	<b>Eligibility Counting Method:</b> Count all eligible employees
17.	<b>Minimum group size</b> is one common law employee in addition to the owner.*
18.	Sole Proprietor Only Groups, Owner Only Groups (Partnerships), and Spouse-only groups are not eligible.
19.	A group must be approved no later than the 10th of the effective month for a 1st of the month effective date. For 15th of the month effective date, coverage must be approved by the 25th of the effective month.

\*[Common Law Definition \(IRS Website\)](#)