

# All Savers Alternate Funding Case Submission Checklist for Final Quote

PDF versions of the documents below can be uploaded to <https://www.myallsavers.com>

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

## Submission Checklist for Final Quote

- Employer (additional required information after street/preliminary quote is completed)—this information can be provided in the notes section of myallsavers.com**
- Employer Application**
  - PDF versions of the employer application should be uploaded to the group record in myallsavers.com
  - 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)  
**Note:** The employer must sign and completely fill out the Authorization portion if selecting EFT.
- First Month's Premium Check**
  - A copy can be uploaded to <https://www.myallsavers.com>.
  - Send the original binder check to :  
United HealthCare Services, Inc.  
PO Box 19032  
Green Bay, WI 54307-9032  
  
(If overnighting the check, please use United HealthCare Services, Inc., 3100 AMS Blvd., Green Bay, WI 54313)
- Reconciled Wage & Tax Report (most recent)**
  - All pages must be included and all employees must be labeled according to their current employment status (Full-Time, Part-Time, Terminated, etc.)
  - If group is a new business and does not yet have a W&T Report, please provide the most recent payroll report.
  - If the group is from the state of Florida, a reconciled UC5 Form is acceptable
- Complete Billing Statement From Current Carrier (most recent)**
  - If the group is replacing current coverage, this must include the names of all individuals currently enrolled with the current carrier

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## Employee Applications

- PDF versions of the applications should be uploaded to the group record in myallsavers.com
- Waiving Employees must provide their name and must sign the waiving portion of the application
- Employee's electing coverage must complete the following information:
  - Employee Height and Weight (required for additional employees or those requesting census changes)
  - Employee Social Security Numbers
  - Employee Date of Birth and Gender
  - Employee Date of Hire
  - Employee Address, Phone Number and Email Address
  - Dependent(s) Height, Weight and Gender
  - Dependent(s) Date of Birth
  - Dependent(s) Social Security Numbers
  - ALL Medical Questions Answered
  - Details must be provided for any "Yes" answers to medical questions

**Note:** Medical information is required for all applicants unless they are part of a UnitedHealthcare migration project. If they are, we only need apps for those not already on the census.

- Signed and Dated by the Employee

**Note:** For groups that have already completed medical applications for preliminary quoting, new applications are only needed on employees that have been added to the census. However, if all details were not originally provided on the applications for preliminary quote, those details will now be required for final quoting purposes.

## Excess Loss Insurance Application

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

## Billing & Collections Agreement (not required in all states)

- 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 forms (not required for installation, please email form to [AllSaversReporting@unitedhealthone.com](mailto:AllSaversReporting@unitedhealthone.com))

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

## Transitional Reinsurance Form (not required for installation, please email form to [AllSaversReporting@unitedhealthone.com](mailto:AllSaversReporting@unitedhealthone.com))

- Form must be received by All Savers no later than 9/30/16 in order to participate in this free service.

This service is being provided as a matter of technical assistance at the request and under the direction of the Plan Sponsor. In no event will All Savers be responsible for any loss, penalty, fine or other liability that may arise from an improper determination of covered lives for the Reinsurance Fee or any other non-compliance with Reinsurance Fee provisions.

