

# Transitional Reinsurance Program

## 2016 Transitional Reinsurance: Initial Election Letter

All Savers is pleased to propose the following offer for your All Savers Alternate Funding medical plan with respect to handling the transitional reinsurance fee under the Affordable Care Act. If you elect for us to file this fee on your behalf please indicate that by completing the requested information and signing this letter where indicated. Please return it to our attention either by email [AllSaversReporting@unitedhealthone.com](mailto:AllSaversReporting@unitedhealthone.com) or by mail to the address listed below no later than September 30, 2016.

**Attn: Finance**  
**United HealthCare Services, Inc.**  
**PO Box 19032**  
**Green Bay, WI 54307-9032**

**Background:** Reinsurance payments are required to be made on behalf of each covered life receiving health coverage that provides minimum value. The fee is \$27 per member per year for 2016 and is based on the average covered lives in the first nine months of the calendar year.

### Timing Considerations

In order to file on the employer's behalf the All Savers plan must be active as of October 1, 2016 and the two below forms must be completed and returned by the deadline listed.

Forms	Activity	Address	Deadline
<b>Step 1: Initial Election</b>	1. Complete the form 2. Sign the form 3. Return the form to AllSavers  <i>Form can be found on <a href="http://www.myallsavers.com">www.myallsavers.com</a></i>	<b>Standard Mailing</b>	<b>Must Receive By</b>  September 30, 2016
		Attn: Finance United HealthCare Services, Inc. PO Box 19032 Green Bay, WI 54307-9032	
		<b>Email</b> <a href="mailto:AllSaversReporting@unitedhealthone.com">AllSaversReporting@unitedhealthone.com</a>	
<b>Step 2: Billing Invoice</b>	1. Select a counting method 2. Sign the invoice 3. Attach payment to the invoice 4. Return the invoice and check to All Savers.  <i>Invoice is mailed out October 3, 2016 to electing groups.</i>	<b>Standard Mailing</b>	November 1, 2016
		Attn: Finance United HealthCare Services, Inc. PO Box 19032 Green Bay, WI 54307-9032	
		<b>Overnight Mailing</b> Attn: Finance AllSavers Insurance Company 3100 AMS Blvd. Green Bay WI, 54313	

Please contact All Savers customer services at 1-800-291-2634 with any questions.

*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.*

**Please complete the following:**

Type of Business (Circle One):            For Profit                            **OR**                            Not For Profit

Legal Business Name: \_\_\_\_\_

Group Number (e.g. 5400-012345): \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Agreed to by

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Sincerely,  
The UnitedHealthcare Team

