

1250 Capital of Texas Hwy. South
Building One, Ste 400
Austin, TX 78746

5800 Granite Pkwy
Ste 900
Plano, TX 75024

2000 West Loop South
Ste 700
Houston, TX 77027

8401 Datapoint Dr.
Ste 175
San Antonio, TX 78229

6307 Waterford Blvd
Ste 250
OKC, OK 73118



5800 Granite Parkway
Suite 900, Plano, TX 75024
(800) 842-2481

CASE SUBMISSION CHECKLIST

Case Name

- _____ Employer Application (plus vision application if electing vision)
- _____ Plan Selection
- _____ Copy of Evaluation Form (for employer group 51+ employees)
- _____ Copy of Sold Rates
- _____ Enrollment Forms
- _____ Waiver Forms (enrollment form indicating not electing coverage)
- _____ Copy of Most Recent Billing Statement (all names must be accounted for: enroll, waiver or term.)
- _____ Copy of Employers Most Recent State Quarterly Wage & Tax Statement (all names must be accounted for: enroll, waiver, term, or part-time)
- _____ Binder Check for first month's premium (check made payable to United Healthcare)
- _____ Sold Case Summary Checklist

- _____ Must provide one of the following if group is electing dental: Renewal or Copy of Prior Bill and COC
(12 month waiting period will not be waived unless one of the above is submitted at time of enrollment. In order to qualify, group must have had 12 consecutive months of continuous coverage for major services.)

Please advise that if prior coverage proof to waive the waiting period for major services for dental coverage is not provided at the point of sale/installment of this new business case, you will not be able to have this waived after the policy number has been issued. By signing the below, you are acknowledging that you understand the terms and conditions.

Signature of Employer or Agent

Date