HEALTHY TEXAS
UnitedHealthcare of Texas, Inc.

CASE SUBMISSION CHECKLIST

- ☐ **Employer application (SB.ER.10.HTX 8/11)**
- ☐ **Product & Benefit Selection Form**
- ☐ **Copy of Sold Rates**
- ☐ **Employee Applications** (**SB.EE.10.HTX 6/11**) **–** for all full time applying & those in the waiting period that will be eligible the next calendar month
- ☐ **Waiver Forms** (employee application indicating not electing coverage in Section F). **If employer is covering less than 60% of total number of full time employees, proof of other valid coverage is required for those waiving.**
- ☐ **Copy of employer's most recent Texas Workforce Commission Report** (All names must be accounted for: Please note those that are terminated, part-time, seasonal).
- ☐ **First month's premium check** (**made payable to UnitedHealthcare**)

Send completed materials to:

The Insurance Exchange

15660 Dallas Parkway, Suite 500, LB 60 Dallas, Texas 75248

Attn: Underwriting