

UnitedHealthcare of Texas, Inc. Pacificare Life & Health Ins. Co.

CASE SUBMISSION CHECKLIST

Name of Case

- Employer application (SB.ER.07 TX 10/08)
- Product & Benefit Selection Form
- Copy of Sold Rates
- Employee Applications (SB.EESHT.07.TX 10/08) – 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 G)
- Copy of most recent prior Carrier Bill (All names must be accounted for: **enrolling, waiving or terminated**)
- If group electing a dental plan with waiting periods for Major Services , submit: prior carrier current billing, billing from 12 months ago, and Schedule of Benefits, for waiver of dental waiting periods. The waiver is only available at time of issue.
- Copy of employers most recent Texas Workforce Commission Report (All names must be accounted for: **enrolling, waiving, terminated or part-time**)
- First month's premium check (**made payable to UnitedHealthcare**)

Send Applications to:

The Insurance Exchange

Attention: Paula Johnson

15770 N. Dallas Parkway, Ste. 925, LB 7

Dallas, Texas 75248

972-991-6500

972-991-2110 Fax