UnitedHealthcare of Texas, Inc.

UnitedHealthcare Benefits of Texas, Inc.

(previously Pacificare Life & Health Insurance Co.)

CASE SUBMISSION CHECKLIST

- ☐ **Employer application** (SB.ER.10.TX 09/10)
- ☐ **Product & Benefit Selection Form**
- ☐ **Copy of Sold Rates**
- ☐ **Employee Applications** (SB.EESHT.10.TX 6/10) – 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). **If employer is covering less than 75% of total number of full time employees, proof of other valid coverage is required for those waiving.**
- ☐ **Copy of most recent prior carrier bill** (If any terminated employees are appearing on the billing, indicate last date worked.)
- ☐ **If group electing a dental plan with waiting periods for Major Services, submit:** prior carrier current billing; and billing from 12 months ago **OR** renewal. The waiver of the waiting period is only available at time of issue.
- ☐ **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

**** PLEASE NOTE: IF A 15TH OF THE MONTH EFFECTIVE DATE IS REQUESTED, THE BILLING DATE WILL BE 1ST OF THE MONTH & THE RENEWAL DATE WILL BE PUSHED TO 1ST OF THE FOLLOWING MONTH, *UNLESS YOU REQUEST* THE INVOICE/RENEWAL STAY ON THE 15TH.**