

All Savers Alternate Funding Case Submission Checklist for Final Quote – Member Level Census.

PDF versions of the documents below can be uploaded to <https://www.myallsavers.com>.

The following items are required for final quoting. All items are essential for successful and timely turnaround on your final rates request. Incomplete items may cause delays.

Submission Checklist for Final Quote – Member Level Census Underwriting for Groups with 20+ Enrolled Final Quote.

- Employer (additional required information after street quote/preliminary quote is completed) – this information can be provided in the notes section of [myallsavers.com](https://www.myallsavers.com).**
 - Employer Application.
 - PDF versions of the employer application should be uploaded to the group record in [myallsavers.com](https://www.myallsavers.com).
 - All questions answered completely.
 - Signed and dated by both employer and broker on all indicated pages.
 - Payment Authorization Form (needed regardless of type of payment).
 - Signed and dated by both employer and broker on all indicated pages.

Note: The employer must sign and completely fill out the Authorization portion if selecting EFT.
 - First Month's Premium Check.
 - A copy can be uploaded to <https://www.myallsavers.com>.
 - Send the original binder check to:
 - United HealthCare Services, Inc.
 - P.O. Box 19032
 - Green Bay, WI 54307-9032
 - (If overnighting the check, please use United HealthCare Services, Inc., 3100 AMS Blvd., Green Bay, WI 54313.)
 - Reconciled Wage & Tax (W&T) Report (most recent).
 - All pages must be included and all employees must be labeled according to their current employment status (Full-Time, Part-Time, Terminated, etc.).
 - If group is a new business and does not yet have a W&T Report, please provide the most recent payroll report.
 - If the group is from the state of Florida, a reconciled UC5 Form is acceptable.
 - Complete Billing Statement from Current Carrier (most recent).
 - If the group is replacing current coverage, this must include the names of all individuals currently enrolled with the current carrier.
- Excess Loss Insurance Application.**
 - Filled out completely.
 - Signed and dated by both the agent and the employer.

- Billing & Collections Agreement (not required in all states).**
 - PEPM Value entered.
 - Signed and dated by employer and broker.
Note: Employer signs twice (once on page 3 and once on page 4).

- New York Surcharge Forms.**
 - If the paperwork is received after the first of the month, the election will not be effective until the following month.

- Member-Level Census OR Employee Applications (for employees electing health coverage) – Excel template OR PDF versions of the applications should be uploaded to the group record in myallsavers.com. The following information is needed for all electing employees and their dependents to provide an underwritten quote:**
 - Name (first and last).
 - Gender.
 - Date of Birth.
 - Home ZIP Code.
 - Indication of Dependents (spouse, children).
 - Social Security Numbers.
 - Home Address of Employee.
 - Email Address of Employee.