

Small Business Quote Checklist

Employers with 51-99 Eligible Employees

At UnitedHealthcare, we are committed to offering you great service throughout the quoting process. To help us provide you with a quick turnaround time on your quotes for clients with 51–99 employees, we have created a quote submission checklist for your convenience. This checklist is a guide to the documents and information our underwriters need to provide you with the most competitive quote possible within a reasonable turnaround time. Simply complete the customer information below and return this form, along with census and any additional required information to your UnitedHealthcare sales contact. Although use of this checklist is optional, we recommend that you become familiar with our requirements to ensure we meet your needs in a timely fashion. Thank you for considering UnitedHealthcare.

Group Information

Group Name _____

Tax ID _____

Contact Name _____ Email _____

Address _____

City/State/Zip _____

Effective Date _____ Industry (SIC Code) _____

ATNE* (required) _____

☐ Carve-Out Number of Eligible Employees _____

Employer Contribution – Employee _____

Employer Contribution – Dependent _____

Carrier History _____ Number of years _____

Broker of Record Information

Broker Firm _____

Broker Name _____

Address _____

Phone Number _____

Commission for all Products Requested _____

Existing Agent of Record: ☐ Yes ☐ No

General Agent (if applicable) _____

UnitedHealthcare Employer Application

If your client chooses UnitedHealthcare for its needs, we also require that the UnitedHealthcare Employer Application be completed, signed and dated by your client. Additional information also may be required with your final case submission.

Current and Renewal Plan and Rate Information

Carrier _____

Enrolled _____ Quoted _____

Current and Renewal Rates		
	Current	Renewal
EE		
EE + Spouse		
EE + Child(ren)		
Family		

Ancillary Offerings _____

- ☐ Benefit Summaries – including medical and specialty products as well as In-Network and Out-of-Network benefit information
- ☐ Claims Experience (if required)

Census Information

Please ensure the census is in Excel format and contains the following information:

- ☐ Employee Name
- ☐ Date of Birth
- ☐ Gender
- ☐ Coverage Type/Status (Employee, Employee + Spouse, Employee + Child, Family, Waiver)
- ☐ Status (Full-Time, Part-Time, Waiting Period, Seasonal, COBRA, Early Retiree, Retiree)
- ☐ Plan Election (HMO, PPO, Indemnity, Waived, etc.)
- ☐ Home ZIP Code



Some states and products could require additional or differing information. Refer to your market-specific Underwriting Guidelines for detailed quoting and case submission information. Contact your local UnitedHealthcare representative with any questions.

