

1250 Capital of Texas Hwy. South  
Building One, Ste 400  
Austin, TX 78746

5800 Granite Pkwy  
Ste 900  
Plano, TX 75024

2000 West Loop South  
Ste 700  
Houston, TX 77027

8401 Datapoint Dr.  
Ste 175  
San Antonio, TX 78229

6307 Waterford Blvd  
Ste 250  
OKC, OK 73118

## **UnitedHealthcare**

**5800 Granite Parkway  
Suite 900, Plano, TX 75024  
(800) 842-2481**

### **CASE SUBMISSION CHECKLIST**

---

**Case Name**

- \_\_\_\_\_ Employer Application
- \_\_\_\_\_ Benefits Option Checklist
- \_\_\_\_\_ Copy of Evaluation Form (for employer group 51+ employees)
- \_\_\_\_\_ Copy of Sold Rates
- \_\_\_\_\_ Enrollment Forms
- \_\_\_\_\_ Waiver Forms (enrollment form indicating not electing coverage)
- \_\_\_\_\_ Copy of Most Recent Billing Statement (all names must be accounted for: enroll, waiver or term.)
- \_\_\_\_\_ Copy of Employers Most Recent State Quarterly Wage & Tax Statement (all names must be accounted for: enroll, waiver, term, or part-time)
- \_\_\_\_\_ Binder Check for first month's premium (check made payable to United Healthcare)
- \_\_\_\_\_ Sold Case Summary Checklist
  
- \_\_\_\_\_ Must provide one of the following if group is electing dental: Renewal or Copy of Prior Bill and COC  
(12 month waiting period will not be waived unless one of the above is submitted at time of enrollment. In order to qualify, group must have had 12 consecutive months of continuous coverage for major services.)

All Plans, Forms, Proposals, Process and Procedures are subject to change. This form is not a guarantee of coverage.