



Key Accounts Quote Checklist.

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 101 or more 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 _____

Situs State _____

Address _____

City/State/ZIP _____

(provide additional locations separate from this form)

Effective Date _____ Industry (SIC Code) _____

Number of Eligible Employees and Subscribers _____

ATNE, FTE or Eligible Count _____

(Dependent on State for groups <150 EEs)

Participation Percentage _____

Employer Contribution – Employee _____

Employer Contribution – Dependent _____

Employer Contributions - Family _____

Employer Contributions - Other _____

Three Years of Carrier History

Carrier	# of years

Current and Renewal Plan and Rate Information

Carrier _____

Enrolled _____ Quoted _____

Current Rates and Renewal Rates		
	Current Rate	Renewal Rate
Employee		
Employee + Spouse		
Employee + Child(ren)		
Family		

Ancillary Offerings _____

(Dental, Vision, Life/AD&D, and Financial Protection)

Contributions Details for HRAs and HSAs _____

Include copies of medical and specialty product Benefit Summaries

Claims Information

Provide most recent 24 months claims experience (by month) with corresponding enrollment to include:

- Large claims above \$50,000 paid by month and ongoing claims
- For Disability quotes, include paid claims and paid premium
- Identify whether the monthly claims include or exclude amounts above the pooling levels

Broker of Record Information

Broker Firm _____

Agent Name _____

Address _____

City/State/ZIP _____

Phone Number _____

Commission or service fees for all products requested _____

Existing Agent of Record: Yes No

Census Information

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

- First and Last Name(s) of subscriber and dependents
- Relationship Code to associate dependents with the subscriber (e.g. spouse and/or children)
- Date of Birth(s) of subscriber and dependents (mm/dd/yyyy format)
- Gender(s) of subscriber and dependents
- Coverage Type/Status (Employee, Employee + Spouse, Employee + Child, Family, Waiver)
- Status (Active, COBRA, Early Retiree, Retiree, Not Eligible, etc.)
- Plan Election (HMO, PPO, Indemnity, Waived, etc.)
- Home ZIP Code

For Life quotes, include Salary and Class as applicable.

For Disability quotes, include Salary, Class and Occupation.

Additional Requirements for Self-Funded Requests

Aggregate Stop Loss level (%) and whether pharmacy is included _____

Aggregate Factors _____

Specific Stop Loss amount (\$) and whether pharmacy is included _____

Specific and Aggregate Premiums _____

List all exclusions and limitations included in the stop loss policy _____

Claims Basis _____

Administration Fees _____

Pharmacy Requirements (Current rates, current benefit design and requested benefit design) _____

Exchanges and Benefits Administration

Provide details on any Private Exchange or Benefits Administration platform engagement required. _____

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 may be required with your final case submission.



Contact your local UnitedHealthcare representative with any questions.