

SOLD NEW BUSINESS CASE SUBMISSION CHECKLIST

2-50 Segment

The following items need to be completed and submitted to [AGENTLINK](#) for all complete cases for installation.

Mail Checks to: Agentlink 2001 Lake Point Way Louisville KY 40223
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- _____ **Employer Application**
- _____ **Binder check** made payable to UnitedHealthcare for initial premium amount

*Please email a copy of the check & send the hard copy to the Indianapolis sales office at the address listed above. Include the group's tax ID number.
- _____ **Enrollment Forms** for ALL employees applying for coverage
***OR **PRIME enrollment spreadsheet** in lieu of enrollment forms
- _____ Copy or tracking # of **Sold Proposal** that matches the enrollment forms
- _____ Most **Current Wage & Tax** for groups with 2-9 eligible employees ONLY, not needed for groups with 10+ eligible employees.
- _____ **Participation Form** in lieu of the current wage and tax for groups with 10+ eligible employees
- _____ **Copy of Medicare card** for any employee who are Medicare eligible.
- _____ Appropriate **NB Forms for STD/LTD & Supplement Life** Ancillary Products.

Forms are available for your convenience at www.unitedeservices.com. If you have any questions please contact your Account Executive.