



Unity Health Insurance New Group Checklist Small Groups (2-50)

Name of Group: _____

Requested Effective Date: _____

The following documents are required to ensure your group is processed appropriately.

- Employer Group Application** – Please complete all sections for processing.
- Small Employer Verification Form** – Please obtain.
- Small Employer Insurer Renewability and Rating Notice** – Please obtain.
- Uniform Applications & Waivers** – Must be completed by every eligible full-time employee listed on the Quarterly Wage and Tax Form (UC-101). Please verify we have all sections completed including signatures to ensure underwriting can process.
 - Please select box if you would like underwriting to follow up on medical. If selected, underwriting will make direct phone calls to members on missing medical. We will, however, require each medical question be answered ‘yes’ or ‘no’ before processing and making phone calls. If this box is not selected, we will assume that all medical follows ups will be handled by you, the agent.
- Wage and Tax Form (UC-101)** – Include a copy of the group’s most recent report, itemizing all employees (fulltime, part-time, seasonal, termed, etc). **For terminated employees, please provide term date and COBRA election.** Add new employees and indicate date of hire. For any other employees (i.e. owners), explain why they are not on the report. Cover page is also needed.
- Prior Carrier Bill** – Please provide a copy of the group’s most recent bill.
- Rate Proposal** – Please provide copy of rate proposal or include type of plan group is currently on.

NOTES:

Note: Documents required need to be submitted by the 15th of the month prior to the effective date.