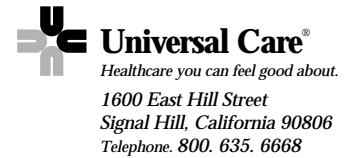


NEW GROUP SUBMISSION CHECKLIST



Group Name: _____ Universal Care Rep: _____ ESR: _____

EE'S: _____ Members: _____ PMPM: _____

Please complete the following items for each new group.

- Universal Care Group Application & Participation Request (Master Application)**
This form must be complete and signed where needed. All sections must be complete; sections left blank will cause the case to be returned to the Sales Representative for completion.
- Sold Proposal rates and terms and signed Confirmation of Sale letter**
- Original RFP**
- Important Message**
- Most Recent DE6 wage report for all corporations.**
If DE6 is unavailable, please submit a third party payroll report (ie., ADP).
For Small Groups – computer generated payroll
For SubS Corporation – K-1
For Partner/Sole Proprietor – Complete the Universal Care Statement
Use these codes to identify an employee's status on the DE6.
(PT = part time, T = terminated, E = eligible, V = vacation, ML = Medical Leave, W = other coverage, H = hourly carve out, S = salaried carve out)
- Completed and signed Application and Enrollment form or Declination of Coverage for each eligible employee.** Please arrange them in the same order as DE6.
- Risk Evaluation Form** for groups of 20 or more employees. This form must be accompanied by completed Medical Care Transition Forms for all employees identified.
- Payment for the first month's premium** based on sold rates, standard risk rates or adjusted risk rates

Enrollment Plan

Date(s)	Time	Location

Marketing Materials Request Form

Initial Review: _____ / _____ Secondary Review: _____ Approved for Submission: _____

Special Instructions:

Approval or denial relates to documents listed herein. Actual approval or denial of a group application is pending complete Underwriting review. Once this checklist is approved, forward to Underwriting.