

# UnitedHealthcare

## Georgia Small Business Underwriting Guidelines

### (1) Eligible Employer

UnitedHealthcare in Georgia offers small group coverage to a small business that employs a minimum of 2 full-time employees, and no more than 50 full-time employees. The following documentation is required to qualify as a small business and will be used to verify eligibility.

- Most recent Georgia Wage and Tax (W/T) Statement (DOL-4)- For groups with 6 or more employees a payroll ledger is acceptable in lieu of the W/T for groups with prior coverage.
- If the group is not required to file a W/T Statement, then the following must be submitted:

Type of Business	Documentation Required	Prove Ownership (if < 5 lives or > 1 Owner)
< 1 quarter	Organizational Papers & Most Recent Payroll <sup>1</sup>	Organizational Papers
C Corporation	Articles of Incorp. & Most Recent Payroll <sup>1</sup>	Form 1120
S Corporation	Articles of Incorp. & Most Recent Payroll <sup>1</sup>	Form 1120S
Partnership <sup>2</sup>	Partnership Agreement & Most Recent Payroll <sup>1</sup>	Form 1065
Sole Proprietorship <sup>3</sup> (with employees)	Business License & Most Recent Payroll <sup>1</sup>	Form 1040 & Schedule C
Church/Non-Profit	Form 941 & Most Recent Payroll <sup>1</sup>	
Limited Liability (LLC/LLP)	LLC/LLP Agreement & Most Recent Payroll <sup>1</sup>	Applicable Tax filing forms

1 Payroll must show Company name, itemized withholding for taxes and total at the bottom.  
 2 Only the partners of a Partnership can take a draw from the Company and still be considered eligible.  
 3 Only the owner of a Sole Proprietorship can take a draw from the Company and still be considered eligible. All other employees must appear on the W/T.

- Most recent bill from the current carrier, if currently covered.
- Wage/Tax and Bill must be reconciled with the applications and waivers. Each person must be accounted for with application/waiver or term date. All of those termed more than 60 days ago, that remain on the bill, must have an explanation.

**Please note: Underwriting may request additional information if needed.**

**(2) Eligible Employee:**

- Must work a minimum of 30 hours during a normal work week.
- If the employee is within 90 days of their eligibility date we will require a completed application or valid waiver.

**(3) Employer Contribution/Participation Requirements:**

- The employer must contribute a minimum of 50% towards the employee's premium.
- A minimum of 75% participation\* of active eligible employees in a group must be covered under the plan.
- **100% Participation is required on groups with less than 4 employees. (Waivers not accepted on these groups)**
  - ⇒ Valid waivers include another employer-based health plan or other government sponsored plans.
  - ⇒ **Individual policies are not valid waivers.**
  - ⇒ **Employees in their waiting period are not valid waivers.**

**\*Formula for participation**

Total FT - Valid Waivers = New Eligible  
 Total Applying / New Eligible = Participation

**(4) Medical Underwriting**

All small businesses are required to answer the simplified medical questionnaire on the Master Group Application. This form must be signed and dated. In addition:

**2 - 5 Employees:**

Each employee must complete an individual medical questionnaire, located on the back of the enrollment form, for the employee and any dependents to be covered on the Plan.

**6-19 Employees:**

Each employee must complete a short form medical questionnaire, located on the back of the enrollment form, for the employee and any dependents to be covered on the Plan.

20 - 50 Enrolled Employees - Simplified Underwriting (Employer Form Only) Risk Code 1:  
The group is only eligible for this option if the employer has current health insurance coverage for its employees and at least 20 employees taking coverage, the employees do not need to complete the individual medical questions located on the back of the enrollment form.

**OR**

20 - 50 Employees - Medical Underwriting Risk Code 1:  
Each employee must complete an individual medical questionnaire, located on the back of the enrollment form, for the employee and any dependents to be covered on the Plan.

Any employee choosing to waive coverage must complete the waiver section of the application including the reason for waiving. All forms (applications and waivers) must be signed and dated.

#### **(5) Medical Underwriting Process**

Once UnitedHealthcare of Georgia receives a complete new case submission, it is sent to our Medical Underwriting department in Minneapolis, MN for review. The following process is completed within 3 days for 2 - 50 full medical underwriting, and 2 days for 20 - 50 simplified underwriting.

- ⇒ A phone call is made to the group administrator to verify submission data from group (i.e. participation, contribution, and status of medical conditions). At this time the underwriter may determine additional paperwork is needed.
- ⇒ Phone call may be made to employees to assess status of medical conditions.

#### **Cut-off Dates**

⇒ Cut-off date for submission to underwriting is the 20<sup>th</sup> of the previous month (and complete by the 1<sup>st</sup> of the month) for a 1<sup>st</sup> of the month effective date.

**OR**

Submission to underwriting by the 5<sup>th</sup> of the month (and complete by the 15<sup>th</sup> of the month) for a 15<sup>th</sup> of the month effective date.

Please Note: If we are unable to obtain missing information by the cutoff date the effective date will be moved to the next 1<sup>st</sup> or 15<sup>th</sup>.