

**Proposal Exclusively Prepared For:**

**LMNOP Public Relations**

**Provided By**

**LAURENCE V GLOGAU**

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**Delivery Date:** 07/30/2015

**LMNOP Public Relations**  
**OH**

**Broker:** LAURENCE V GLOGAU

**Quote Effective Date:** 08/15/2015

**Quote Creation Date:** 07/29/2015

**Quote Number:** 12503

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**Company Address:**

1234 Main Street

**State:**

OH

**ZIP Code:**

43085

Franklin

**Market:**

547

**Number Of Locations:**

1

**SIC-Description:**

8743-Public Relations Services

**Franchise Code:**

0

**Average Total Number of Employees/FTE:**

2

**Total Number of Eligible Employees:**

2

**Total Number of Non-COBRA Employees Applying:**

2

**Total Number of COBRA Employees Applying:**

0

**Total Number of Out of Area Employees:**

0

**Prior Dental Coverage:**

No

**Employer Contribution-Medical:**

**Company Locations Information:**

Location #	State	ZIP Code	Number of Employees Applying at Location
LMNOP Public Relations	OH	43085	2

The rates and benefits included within this proposal are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by us and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this Web site or printed output, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

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Medical/Rx Plan Code	<b>08Z/209A</b>	<b>0QX/209A</b>	<b>888/209A</b>	<b>889/209A</b>
Metallic Level	Gold	Bronze	Bronze	Bronze
Package Type	Single Option	Single Option	Single Option	Single Option
<b>Benefit Overview</b>				
Product Type	HERITAGE PLUS	HERITAGE PLUS	HERITAGE PLUS	HERITAGE PLUS
Plan Type	Heritage	Heritage	Heritage	Heritage
License	INS	INS	INS	INS
Monthly Premium	\$1,306.19	\$893.66	\$928.83	\$949.17
ER Contribution (HSA/HRA)	\$0.00 - \$0.00	\$0.00 - \$0.00	\$0.00 - \$0.00	\$0.00 - \$0.00
In Network Deductible Single/Family	\$500/\$1,500	\$5,200/\$10,400	\$5,000/\$10,000	\$3,500/\$7,000
Out of Network Deductible Single/Family	\$1,500/\$3,000	\$15,600/\$31,200	\$15,000/\$30,000	\$10,500/\$21,000
Embedded Deductible	No	No	No	No
Coinsurance INN/ONN	80%/50%	100%/70%	80%/50%	50%/50%
OOP Max In Network Single/Family	\$4,500/\$9,000	\$6,250/\$12,500	\$6,250/\$12,500	\$6,250/\$12,500
OOP Max Out of Network Single/Family	\$9,000/\$18,000	\$18,750/\$37,500	\$18,750/\$37,500	\$18,750/\$37,500
PCP/Specialist Visit Copay/Coins	\$25/\$50/100%	\$30/\$60/100%	\$0/\$0/80%	\$0/\$0/50%
Urgent Care	\$75	\$100	\$0	\$0
Emergency Room	\$250%	\$250%	\$0%	\$0%
Combined Med/Rx Ded	N/A	No	No	No
Combined Med/Rx OOP	N/A	No	No	No
Pharmacy Copay/Coins	\$10.00/\$35.00/\$60.00/\$150.00/100%	\$10.00/\$35.00/\$60.00/\$150.00/100%	\$10.00/\$35.00/\$60.00/\$150.00/80%	\$10.00/\$35.00/\$60.00/\$150.00/50%
Pharmacy Deductible	N/A	N/A	N/A	N/A
OI/BIT	01/JD	01/JD	01/JD	01/JD
<b>Premium Totals</b>				
Total Monthly Premium	\$1,306.19	\$893.66	\$928.83	\$949.17

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	Relationship to Employee	Last Name	First Name	Gender	DOB	Age	Smoker	Smoking Cessation	Employment Status	Employee Class	Salary	Out of Area	Medical	Dental	Vision
1	Employee	Johnson	Jamey	Male	04/01/1978	37	N	N	Active	All Employees	0.00	N	ES	ES	ES
	Spouse			Female	08/15/1983	32	N	N							
2	Employee	Church	Charles	Male	04/04/1985	30	N	N	Active	All Employees	0.00	N	EE	EE	EE

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Employee Detail						Medical/ Rx Plan Code, Metallic Level and Package			
						08Z/209A Gold	0QX/209A Bronze	888/209A Bronze	889/209A Bronze
ID	Name	Gender	Age	DOB	Coverage	Single Option	Single Option	Single Option	Single Option
1	Johnson, Jamey	M	37	04/01/1978	EE+SP	\$889.28	\$608.42	\$632.37	\$646.22
2	Church, Charles	M	30	04/04/1985	EE	\$416.91	\$285.24	\$296.46	\$302.95
<b>Premium Total and Counts</b>									
<b>Total Monthly Premium</b>						\$1,306.19	\$893.66	\$928.83	\$949.17
<b>Employer Contribution Percentage - Employee Only</b>						80.0%	80.0%	80.0%	80.0%
<b>Employer Contribution Premium/Month- Employee Only</b>						\$1,044.95	\$714.93	\$743.06	\$759.34
<b>Total Annual Premium</b>						\$15,674.28	\$10,723.92	\$11,145.96	\$11,390.04
<b>Total Employee Count</b>						2			
<b>Total Dependent Count</b>						0			
<b>Total Member Count</b>						2			

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Plan Code	V1012
<b>Benefit Overview</b>	
Plan Type Contribution Level Frequency Exam Lenses (eyeglasses or contacts) Frames In-Network Copays Exam Materials In-Network Allowances Frames Contact Lenses Out-of-Network Allowance Exam Lenses Single Vision Lenses Frames Contact Lenses	B 100% ER PAID/0% DEP PAID  12 Months 12 Months 24 Months  \$10 \$25  \$130 \$80  Up to \$40  Up to \$40 Up to \$45 Up to \$105
<b># of Employees</b>	
Employee Employee + Spouse Employee + Child(ren) Employee + Family	1 1 0 0  \$3.90 \$8.19 \$9.63 \$14.20
<b>Premium Totals</b>	
Total Monthly Premium Total Annual Premium	\$12.09 \$145.08

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### Medical Disclaimers

(1) Rates are valid through the end of the proposal effective date month.

The Shared Pharmacy Plans pay a fixed dollar amount toward the cost of covered medications based on the tier level. Employees are responsible for a copayment as well as costs that exceed the plan contribution. Please reference the benefit summary for plan codes: CC, CD, CE, CF and EY for additional benefit information.

Medicare Part D regulations require employers to provide creditable coverage notification to Medicare eligible participants of their prescription drug plan, as well as to Centers for Medicare & Medicaid Services (CMS) at least once a year at specified times. Please contact your UnitedHealthcare representative for information on the support and services UnitedHealthcare can provide employers to help them meet these requirements.

Plan codes beginning with CH are offered only to groups acquiring coverage through the Columbus Bar Association.

UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.

RU/Generic Only RX - Tier 1 \$15 copay. Tier 2 & 3 are for state mandated drugs only - please check myuhc.com or customer service for details.

Dual Option is available in this state. Please refer to the [unitedservices.com](http://unitedservices.com) Product section for a detailed description document.

All Plan Designs with an effective date of 1/1/14 or greater will have all member cost share apply to the Medical OOP maximum, including Pharmacy.

Engineering Companies with the SIC of 8711 may be eligible for discounted medical rates through the American Council of Engineering Companies (ACEC) Life and Health Trust. Restaurants and Hotels with SIC of 5812, 5813, 7000, 7011, 7012, or 7993 may also be eligible for discounted rates (medical 51+, specialty 2-99) through the National Restaurant Association. Please contact your account executive for additional details.

Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law.

Starting with 2014 effective dates, all pharmacy plans include an ancillary charge program (also known as a generic pharmacy program). This type of pharmacy program includes out of pocket expenses when a member fills a brand name or higher tier generic prescription but there is a chemically equivalent lower tier brand or generic available.

If the employer offer consists of more than one medical plan, we require the policy year, or calendar year basis selection be the same for each sold policy if the employees have the option to choose from among the plans offered.

### Dental Disclaimers

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(1) For certain dental plans the Endodontic, Periodontic and Oral Surgery benefits may, as a group or individually, be class shifted between Class II and Class III coinsurance rates. For more information, please see the Dental Benefit Summary for the specific plan setup.

Agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your agent if you have questions on their compensation for the products in this proposal.

The Out of Network reimbursement may be based on a percentage of the Usual and Customary (UCR) or Maximum Allowable Charges (MAC) which are applicable for the same service that would have been rendered by a network provider. OON reimbursements are based on the geographic area in which the expenses are incurred. Please see the Benefit Summary for OON reimbursement basis. "P" plans can vary by MAC, 85th, 90th or 95th percentile of UCR. "A" plans can vary by MAC or 70th percentile of UCR.

UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.

Product availability may vary based upon group size and prior dental coverage.

The Employer Contribution for Voluntary dental plans may range from 0%- 49%.

Lifetime Deductible dental plans are: P3420 - P3426, P3429, P3430, P3320 - P3326, P3328, P3330, P3331, P3471 - P3477, P3480, P3481, I1213 - I1216 & I1316 - I1321. The deductible is met once per lifetime per eligible individual, with no family maximum.

Employer Contribution Premium / Month (Employee Only) is the amount of the total monthly employee premium contributed by the employer and does not include any additional amounts that may be contributed for dependents. This amount will change depending on the number of employees and the contribution percentage. If no contribution percentage has been provided, this amount assumes the employer pays 100% of the employee premium.

(2) The Core Network is made up of providers who provide our strongest discounts. Core plan codes are distinguished by an "N".

For Indemnity, PPO and INO plans, the employer must meet minimum contribution and eligible employee participation requirements. Contributory/Employer-Paid dental plans: (employer contribution)- 50% or more of the employee rate. At least 75% participation of eligible employees who do not waive coverage, not to fall below 50% of total eligible employees (must have at least 2 enrolled employees for plans without ortho and 10 eligible, 8 or more enrolled for plans with orthodontia ). Voluntary dental plans: employer may contribute 0 to 49% of the total premium. 0% participation of eligible employee, 2 or more employees enrolled; for plans with Orthodontia, 10 eligible, 8 or more employees enrolled.

(3) Proposed rates are valid to the Effective Date or 90 days from the Quote Date, whichever is sooner.

(5) Please note that for some Dental Plans minor restorative services (i.e., fillings, space maintainers) may be paid at a higher benefit level.

**Vision Disclaimers**



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(1) Proposed rates are valid to the Effective Date.

Agents may receive commissions, bonuses and other compensations for selling the product in this proposal. The cost of the compensation may be directly or indirectly reflected in the premium or fees for these products.

Product availability may vary based upon group size.

UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.

Out-of-Network Allowances for lenses will vary by lens type with a maximum of \$80. Medically necessary contacts have a maximum allowance of \$210.

See benefit summary for specific plan benefits and design such as frame allowance, contact lens options, and covered in full lens options.

This quote assumes Carrier replacement.

The employer must meet the minimum contribution and eligible employee participation requirements. For voluntary Vision plans: minimum 1 or more enrollees required; no participation percentage required. For employer sponsored plans: at least 75% participation of eligible employees less valid waivers, not to fall below 50% of total eligible employees. For employee core/voluntary dependent Vision plans: 75-100% employer contribution for employees; no employer contribution requirements for dependents; at least 75% participation of eligible employees less valid waivers, not to fall below 50% of total eligible employees.

(10) The purchase of a UnitedHealthcare medical plan will include voluntary vision coverage, at the rates quoted within this proposal, unless you notify your UnitedHealthcare representative at the point of sale that the employer is electing to buy up to an alternate plan design or opting out of the vision coverage. During the installation process, you will be required to either opt out or select an alternate plan design from the options presented. For those employers electing to offer a vision plan their members will have the opportunity to elect their level of vision coverage from the medical enrollment form. If there is no member enrollment in the vision plan after 5 months the vision coverage may be terminated from the policy.

**UnitedHealthcare**  
**New Business Proposal for Small Business Employers**  
**Ohio**

We are pleased to provide you with this rate quote and benefit summary.  
Please note that this quote is subject to the following conditions and assumptions.

1.	<b>This group should not, under any circumstances, cancel their existing coverage until they have received approval from the UnitedHealthcare Underwriting Department.</b>
2.	This rate quote is not an offer or a guarantee of coverage. This rate quote is subject to change if: (i) benefits are changed or a different product is selected, (ii) enrollment data differs from the data used for the quote, (iii) materially inaccurate information has been provided, (iv) the effective date of coverage is changed; or, (v) any other contingency of coverage required by law or contract. Total rates may also differ based on rounding in the calculations.
3.	If coverage is issued, these rates will be in effect for 12 months from the initial effect date of coverage, subject to the group policy provisions.
4.	This proposal is not applicable if the group already has a UnitedHealthcare policy in force.
5.	<b>IMPORTANT:</b> Non-grandfathered new small group business beginning January 1, 2014 will be subject to the PPACA requirements affecting small employer group health plans, including Adjusted Community Rating Essential Health Benefits, PPACA taxes/fees, Prohibition of Pre-existing Conditions, Out of Pocket Maximums [\$6,600/\$13,200 unless different by state]. State law may be more restrictive or have additional requirements from those required under PPACA.
6.	All medical product proposals for UnitedHealthcare (UHC) are valid only for those employees and dependents that work or reside in the designated service area.
7.	Insurance coverage is provided by or through UnitedHealthcare Insurance Company and affiliates, except New York.
8.	All employer groups are required to have Workers' Compensation for their employees (both full-time and part-time). Owners and partners may be exempt by State Law from having to carry Workers' Compensation.
9.	As part of this medical product purchase, employers will receive two additional services: COBRA and Pre-tax Premium Administrative services. These services are offered at no additional cost to the employer.
10.	<b>HRA, GAP, and Self-Funding Arrangement Guidelines</b> <ul style="list-style-type: none"> <li>• Only the UnitedHealthcare HRA-eligible benefit plans may be used in conjunction with a federally qualified HRA or other qualified self-funded wraparound product.</li> <li>• Employer contributions are pre-defined and comply with required metallic plan actuarial values.</li> <li>• Gap and any form of self-funding or insuring of the deductible or coinsurance are not permitted alongside any other UnitedHealthcare medical plan.</li> <li>• The UnitedHealthcare HRA Application must be completed by the employer group and included with case submission to Underwriting.</li> </ul>
11.	The Quality and Elite Vision Riders are not available on the PPO Product or the Northern Kentucky state mandated medical product.
12.	<b>Participation:</b> Minimum employee participation is 50% of total eligible [waiver forms not required].
13.	<b>Note:</b> Participation and contribution rules may not be applied to new small business groups applying for a January 1st effective date during the open enrollment period that runs from November 15 through December 15 of each year. Additionally, when new plans are filed outside of the state's annual small group filing cycle, participation and contribution rules may not be applied to new small groups enrolling for group health benefits in those plan(s).
14.	<b>Eligible Employees:</b> working a minimum of 25 hours per week.
15.	<b>Contribution:</b> Minimum Employer contribution is 50% of the of the employee only rate.
16.	<b>State Small Business Definition:</b> "Small employer" means, with respect to a calendar year and a plan year, a an employer who that employed an average of at least 1 but no more than 50 eligible employees on business days during the preceding calendar year and who employs at least 1 employees on the first day of the plan year.
17.	<b>Eligibility Counting Method:</b> Count Eligible Employees
18.	<b>Minimum group size</b> is one common law employee in addition to the owner.*
19.	Sole Proprietor Only Groups, Owner Only Groups (Partnerships), and Spouse-only groups are not eligible.
20.	A group must be approved no later than the 10th of the effective month for a 1st of the month effective date. For a 15th of the month effective date, coverage must be approved by the 25th of the effective month.

\*[Common Law Definition \(IRS Website\)](#)

**UnitedHealthcare**  
**New Business Proposal for Small Business Employers**  
**Ohio**

**New Case Submission Checklist**

<input type="checkbox"/>	UnitedHealthcare proposal noting correct effective date of coverage.		
<input type="checkbox"/>	Group Application and Ancillary Checklist completed and signed by Employer and broker.		
<input type="checkbox"/>	<p>UHC approved census spreadsheet may be submitted in lieu of employee applications/waivers. <i>The spreadsheet must include all eligible employees with employee status clearly identified as; active, COBRA and COB (Y, N, or U if applicable). Indicate Medical, Dental, Vision, Life and/or At Occupation (AO) plan coverage elections. If a Navigate plan is selected, included PCP Code for each enrollee. Provide employee and dependent demographics; including SSN (Social Security Number) as required for employee, desired but not required for dependents.</i></p> <p><b>IMPORTANT NOTE:</b></p> <p>1) Employer required to validate all members completed the application in full and  2) Employers are required to retain those applications on file.</p>		
<input type="checkbox"/>	Out-of-area Enrollment Forms (if applicable).		
<input type="checkbox"/>	If Medicare is primary, a copy of each individual's Medicare card is required to verify enrollment in part A and B.		
<input type="checkbox"/>	<p>Binder Check made payable to UnitedHealthcare for estimated first month total group premium. Binder checks are deposited upon receipt and a refund provided if coverage is not issued.</p> <p><i>Note: Direct Debit as a payment option is available. To elect this payment method, submit a completed Direct Debit form (including a blank voided check), with the application.</i></p>		
<input type="checkbox"/>	<p><b>Verification of employment status</b></p> <p>All groups required to file a State Quarterly Wage &amp; Tax report (QWR) form must include a copy of the QWR with their new case submission*</p> <ul style="list-style-type: none"> <li>• For groups that have been in business <b>less than one year</b> (or are not required to file a QWR), a current two-week/quarterly payroll is always required to validate that employees are working at the business and that an employer/employee relationship exists.</li> <li>• For groups that have been in business <b>one year or more</b>, a wage and tax statement or a two-week/quarterly payroll from a payroll company is always required for all groups.</li> <li>•</li> </ul> <p>*Indicate the employment or eligibility status for each employee listed on any submitted QWR or payroll records with these abbreviations:  <b>A</b> – any employee submitting an Application, <b>W</b> – Waiving, <b>P/T</b> – Part-Time, <b>T</b> – Terminated, <b>S</b> – Seasonal, <b>WP</b> – Waiting Period.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• <i>If QWR reflects more than a 50% change in census, a current payroll will also be required.</i></li> <li>• <i>If a 2-week/quarterly payroll statement is submitted, it must list the company name, reflect a current pay period and include a list of all employees indicating wages paid, withholdings and a grand total.</i></li> <li>• <i>Handwritten or estimated payroll, individual payroll/ pay stubs or W-2/W-3/W-4/W-9's are not acceptable.</i></li> </ul>		
<input type="checkbox"/>	<p><b>Proof of Ownership</b></p> <p>If the owner is not listed on the State QWR or the group is not required to file an QWR, one document from Box A (if applicable) and one from Box B below is required to establish eligibility, In addition two weeks of the most current payroll (ledger format) is required.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Box A</b></p> <ul style="list-style-type: none"> <li>• Current Business, state and/or occupational license</li> <li>• Articles of Incorporation</li> <li>• Partnership, LLC or LLP Agreement</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Box B</b></p> <ul style="list-style-type: none"> <li>• <b>Non Profit Use only:</b> Quarterly Payroll Ledger with a 'by name' listing of staff names; totals matching IRS form 941</li> <li>• <b>Partnerships:</b> IRS Schedule K-1 (Form 1065)</li> <li>• <b>S Corps:</b> IRS Schedule K-1 (Form 1120S)</li> <li>• <b>C Corps:</b> IRS Forms: 1120 (Pages 1-2), Form 1120-Schedule G &amp; Form 1125-E listing all Owners</li> <li>• <b>Sole Proprietorships:</b> IRS Schedule C or F (Form 1040)</li> <li>• <b>Note:</b> Enrolling Spouse of Sole Proprietor (not listed on a quarterly wage &amp; tax statement) or Payroll must provide a Self-Employment (SE) Form</li> </ul> </td> </tr> </table>	<p><b>Box A</b></p> <ul style="list-style-type: none"> <li>• Current Business, state and/or occupational license</li> <li>• Articles of Incorporation</li> <li>• Partnership, LLC or LLP Agreement</li> </ul>	<p><b>Box B</b></p> <ul style="list-style-type: none"> <li>• <b>Non Profit Use only:</b> Quarterly Payroll Ledger with a 'by name' listing of staff names; totals matching IRS form 941</li> <li>• <b>Partnerships:</b> IRS Schedule K-1 (Form 1065)</li> <li>• <b>S Corps:</b> IRS Schedule K-1 (Form 1120S)</li> <li>• <b>C Corps:</b> IRS Forms: 1120 (Pages 1-2), Form 1120-Schedule G &amp; Form 1125-E listing all Owners</li> <li>• <b>Sole Proprietorships:</b> IRS Schedule C or F (Form 1040)</li> <li>• <b>Note:</b> Enrolling Spouse of Sole Proprietor (not listed on a quarterly wage &amp; tax statement) or Payroll must provide a Self-Employment (SE) Form</li> </ul>
<p><b>Box A</b></p> <ul style="list-style-type: none"> <li>• Current Business, state and/or occupational license</li> <li>• Articles of Incorporation</li> <li>• Partnership, LLC or LLP Agreement</li> </ul>	<p><b>Box B</b></p> <ul style="list-style-type: none"> <li>• <b>Non Profit Use only:</b> Quarterly Payroll Ledger with a 'by name' listing of staff names; totals matching IRS form 941</li> <li>• <b>Partnerships:</b> IRS Schedule K-1 (Form 1065)</li> <li>• <b>S Corps:</b> IRS Schedule K-1 (Form 1120S)</li> <li>• <b>C Corps:</b> IRS Forms: 1120 (Pages 1-2), Form 1120-Schedule G &amp; Form 1125-E listing all Owners</li> <li>• <b>Sole Proprietorships:</b> IRS Schedule C or F (Form 1040)</li> <li>• <b>Note:</b> Enrolling Spouse of Sole Proprietor (not listed on a quarterly wage &amp; tax statement) or Payroll must provide a Self-Employment (SE) Form</li> </ul>		

*UnitedHealthcare and affiliates reserves the right to request proof of ownership, additional payroll or supporting tax documentation on any submission.*

**UnitedHealthcare**  
**New Business Proposal for Small Business Employers**  
**Ohio**

**Specialty New Business Underwriting Guidelines**

<p><b>Specialty- Participation Life and Dental (New Business)</b> 1-50</p>	<p><b>Life</b></p> <ul style="list-style-type: none"> <li>• 2-5 eligible employees: 100% of all eligible employees</li> <li>• 6-50 eligible employees: 75% of all eligible employees for contributory plans and 100% for non-contributory plans</li> </ul> <p><b>Employer Paid Dental</b></p> <ul style="list-style-type: none"> <li>• 75% of eligibles net of spousal waivers, 50% gross waivers</li> <li>• 100% participation, net of waivers, is required for non-contributory plans</li> </ul> <p><b>Voluntary Dental</b></p> <ul style="list-style-type: none"> <li>• All plans require two enrolled; some plans require a minimum of 10 eligible including orthodontia plans</li> </ul>
<p><b>Specialty- Employer Contribution Life and Dental (New Business)</b> 1-50</p>	<p><b>Life</b></p> <ul style="list-style-type: none"> <li>• Non-Contributory Plans: 100%</li> <li>• Contributory Plans: Minimum of 25%</li> </ul> <p><b>Employer Paid Dental</b></p> <ul style="list-style-type: none"> <li>• 50% minimum of the employee premium</li> </ul> <p><b>Voluntary Dental</b></p> <ul style="list-style-type: none"> <li>• 0-49% of the employee premium</li> </ul>
<p><b>Supplemental Life &amp; ADD (New Business)</b> 10-50</p>	<p><b>Supplemental Life</b></p> <ul style="list-style-type: none"> <li>• Voluntary Life not available for 2-9 life groups, 25% minimal participation, 100% Employee paid</li> <li>• Must be sold with Basic Employee Life</li> <li>• Employee must elect Basic Employee Life to elect Supplemental Employee Life</li> </ul>
<p><b>Specialty- Short &amp; Long Term Disability Participation and Contribution (New Business)</b> 1-50</p>	<p><b>Short Term Disability</b> (employees in CA, HI, RI, NY, NJ and Puerto Rico are not eligible for STD coverage)<sup>1,2,3,4</sup></p> <ul style="list-style-type: none"> <li>• 2-9 eligible employees: 100% employer-paid, 100% employee participation required</li> <li>• 10-50 employees (Non-Contributory) 100% employer-paid: 100% employee participation required</li> <li>• Contributory: Minimum of 50% employer-paid, 75% employee participation required</li> <li>• Voluntary coverage for 10-99 with 25% participation</li> </ul> <p><sup>1</sup>Less than 51 eligible employees: must be sold with at least one Contributory or Non-Contributory product (Medical, Dental, Vision, Basic Life or LTD).</p> <p><b>Long Term Disability</b><sup>2,3,4</sup></p> <ul style="list-style-type: none"> <li>• 2-9 eligible employees: 100% employer-paid, 100% employee participation</li> <li>• 10-99 employees (with employer-paid companion product including medical): Voluntary: 0–24% Employer-paid, minimum 25% employee participation.</li> <li>• Contributory: minimum 25% employer-paid, minimum 50% employee participation.</li> <li>• Non-Contributory: 100% employer- paid, 100% participation</li> </ul> <p><sup>2</sup>Requires at least one companion ancillary product along with either contributory or non-contributory companion product requirement. If the basic life is non-contributory, then that would satisfy both requirements.</p> <p><sup>3</sup>Groups must be in business for a minimum of 2 years</p> <p><sup>4</sup>Groups must not contain more than 50% immediate family members</p>