



St. Louis Benefits Group New Group Checklist

United HealthCare

Needed by: _____

_____ Small Group Employer Application

_____ First Month's Premium Deposit Check
Payable to United HealthCare

_____ Employee Enrollment Applications (please, verify all medical questions
have been answered and application is signed)

- Number of applications _____
- Number of waivers _____

If waiving coverage, employee needs to complete Sections A,B,C and E only

_____ Copy of Most Recent Billing Statement from current Group Health
Insurance Company

_____ Employer's Most Recent Quarterly State Wage & Tax Statement
Indicate the employees status – Full Time, Part Time, or
Terminated (along with month of termination)
If no State Wage and Tax Report available. Need State
Article of Organization document and 1 month of payroll

Any questions call:

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