

All Savers Alternate Funding Case Submission Checklist

PDF versions of the documents below can be uploaded to <https://www.myallsavers.com>

The following items are required for case installation. All items are essential for successful and timely case installation. Incomplete items may cause delays.

- Employer Application** – Completed in its entirety, signed and dated by the employer and broker.
- Payment Authorization Form** – Is included in the Employer Application and is needed regardless of type of payment (EFT or Direct Bill).
- First Month's Premium Check** – Attach a copy to <https://www.myallsavers.com>. Send the original binder check to:
United HealthCare Services, Inc.
PO Box 19032
Green Bay, WI 54307-9032
(Overnighted Checks: United HealthCare Services, Inc., 3100 AMS Blvd, Green Bay, WI 54313)
- Reconciled Wage and Tax Report (Most Recent)** – All pages must be included. If group is a new business and does not yet have a Wage and Tax Report then we will take Payroll Report. (Reconciled UC5 Form acceptable for groups from the state of Florida)
- Complete Billing Statement from Current Carrier (Most Recent)** – If replacing coverage; must list the names of all individuals currently enrolled with the current carrier.
- Employee Application**
Enrolling Employee – Must complete entire All Savers application section including a signature and date. If competitor applications were used for underwriting then the medical questionnaire section of the All Savers employee application does not need to be completed

Waiving Employee – Must provide their name and complete the waiver section including a signature and date.
- Excess Loss Insurance Application** – Signed and dated by both the agent and the employer
- Billing and Collections Agreement (Not required in all states)** – PEPM Value entered and signed and dated by both the agent and the employer. Employer signs twice, on page 3 and page 4
- Prior carrier Deductible Credit Report** – Provided after enrollment and emailed to ClaimsRequests@goldenrule.com or faxed to (920) 661-9981
- *Sold Dental, Vision, or Life** – See the ASO Specialty Checklist under Forms & Brochures on www.myallsavers.com for specific installation instructions

