

National Restaurant Association

Restaurant & Hospitality Association Benefit Trust

Quote & Installation Checklist

Under 20 Enrolled Employees & Virgin Cases



Regional Account Executives:

Josh Fleming: Joshua_Fleming@uhc.com

- Markets: AL, AR, CT, DE, FL, GA, IL, IN, KY, LA, MA, MD, ME, MI, MS, NH, NJ, NY, NC, OH, PA, RI, SC, TN, VT, VA, WV, WI

Matt Leimbek: Matthew_Leimbek@uhc.com

- Markets: AK, AZ, CA, CO, HI, ID, IA, KS, MN, MO, MT, NE, NV, NM, ND, OK, OR, SD, TX, UT, WA, WY

Requirements for Preliminary Rates:

- Employer Information or cover sheet from UHC template (attached):
 - Company name/address/ATNE total/sic code/effective date
- Member level census (employees & dependents)
 - GRX compatible census or census tab from UHC template (attached)
- *Submit quote requests to: RHAB_Trust@uhc.com (copy in local sales rep and regional AE)*

Requirements for Underwritten Rates:

- AHP Employee Enrollment Form + Health Addendum (Illinois)
- Submit applications along with initial quote to: RHAB_Trust@uhc.com (copy in local sales rep and regional AE)

Sold Case Installation Checklist:

- Submit all RHABT cases to: RHAB_Trust@uhc.com (Franchise Code: 7970000)
 - Subject Line: NRA – Group Name – Effective Date (copy in local sales rep and regional exec)
- AHP Employer Application (Illinois)
- Prime Enrollment Spreadsheet or AHP Employee Enrollment forms
- Quarterly Wage & Tax or 10+ Participation Form (For cases with 10 or more eligible employees)
- Sold Quote & Product Selection Form
- Restaurant & Hospitality Association Benefit Trust Participation Agreement
- AHP Employer Certification
- Agents must have Illinois insurance license and submit certificate to add to UHC Appointment
- Copy of Binder Check (payable to UnitedHealthcare) or Direct Debit Form
 - Please send only the original binder check to the below address for processing. Include the Tax ID number in the memo section of the check.

If Using Regular Mail:

UHS Premium Billing PO
BOX 94017
Palatine, IL
60094-4017

If Using Overnight Services:

UHS Premium Billing
Attn: Box 94017
5505 N. Cumberland Ave Ste: 307
Chicago, IL 60656-1471

Requirements to qualify for the Restaurant & Hospitality Association Benefit Trust

- 50% Participation of Eligible Employees (less valid waivers)
- SIC Code: 5812, 5813, 7011, 7032 & 7041
- Management Carve Out: There must be 11+ eligible managers to qualify for a carve out. UnitedHealthcare requires 50% Participation of eligible managers.
- Plans are not available to member employers in all states.

Please note: The Restaurant & Hospitality Association Benefit Trust plans include a 2.05% service & access fee. The service fee will be included on the Monthly invoice as a separate line item and is not included in the UnitedHealthcare medical premium.