

New Business Binder Check Coversheet

Group Name	
Federal TAX ID#	
Group Number	
Policy Eff Date	
Check #	
Amount#	

**Ensure check is written out to UHC
Include customer name & TAX ID # on check
Send check to below address**

Street Address:	Overnight Address:
UHS Premium billing PO Box 94017 Palatine, IL 60094-4017	UHSPremium Billing Attn: Box 94017 5505 N. Cumberland Ave. Suite 307 Chicago, IL 60656-1471