

Small Group Medical Submissions Wage and Tax Required Documents

As part of the group enrollment process, we require that small groups enrolling in medical coverage submit tax documentation to verify that the group meets the eligibility requirements for healthcare coverage.

NOTE: Proof of ownership is also always required when an (enrolling or waiving) eligible owner is not listed on the submitted Quarterly Wage & Tax Report (QWR) or two-week/quarterly payroll.

Organization Type	Time in Business	Required Tax Documents	Ownership Documents
C-Corporation	Less than 1 year	 Articles of Incorporation, filed with the state listing all enrolling officers' names IRS/Secretary of State Letter indicating issued Tax ID Number Two-week/quarterly payroll 	
	1 year or more	 Quarterly Wage and Tax Report OR Quarterly payroll (if prepared by a payroll company) 	 IRS Form 1120 (pages 1-2) Include Schedule G, Form 1125-E, or Schedule K-5 to identify owner(s)
S-Corporation	Less than 1 year	 Articles of Incorporation, filed with the state listing all enrolling officers' names IRS/Secretary of State Letter indicating issued Tax ID Number Two-week/quarterly payroll 	
	1 year or more	 Quarterly Wage & Tax Report <u>OR</u> Quarterly payroll (if prepared by a payroll company) 	Schedule K-1 (IRS Form 1120S) for all owners
Partnership/LLP	Less than 1 year	 Partnership Agreement signed by all partners IRS/Secretary of State Letter indicating issued Tax ID Number Two-week/quarterly payroll 	
	1 year or more	 Quarterly Wage & Tax Report <u>OR</u> Quarterly payroll (if prepared by a payroll company) 	 Schedule K-1 (IRS Form 1065) for all owners
LLC	Less than 1 year	 LLC Agreement signed by all owners IRS/Secretary of State Letter indicating issued Tax ID Number Two-week/quarterly payroll for all employees not bound by the LLC Agreement 	
	1 year or more	 Quarterly Wage & Tax Report <u>OR</u> Quarterly payroll (if prepared by a payroll company) 	Schedule K-1 for all owners OR Schedule C (IRS Form 1040) for all owners

Sole Proprietorship	Less than 1 year	 Business License IRS/Secretary of State Letter indicating issued Tax ID Number Two-week/quarterly payroll for all employees not on license 	
	1 year or more	 Quarterly Wage & Tax Report OR Quarterly payroll (if prepared by a payroll company) 	Schedule C (IRS Form 1040) OR Schedule E (IRS Form 1040) NOTE: If enrolling spouse of sole proprietor is not on the quarterly wage & tax, a W2, payroll or Self-Employment form is required
Non-Profits / Religious		Most recent quarter IRS Form 941Two-week/quarterly payroll	
Farms		Schedule F (IRS Form 1040)Two week/quarterly payroll	

NOTES:

Quarterly Wage & Tax Reports (QWR) submitted must be from the most recent quarter. All pages must be provided.

Payroll Records:

- If a two-week/quarterly payroll statement is submitted, it must list the company name, reflect a current two-week/quarterly pay period, and include a list of all employees indicating wages paid, withholdings and grand totals.
- Handwritten or estimated payroll, individual payroll/pay stubs or W-2, W-3, W-4, W-9's are not acceptable.
- Payrolls prepared by a payroll company must include supporting documentation showing this.

Indicate the employment or eligibility status for each employee on any submitted QWR or payroll records with these abbreviations:

A – Any Employee Applying for Coverage
 T – Terminated Employees
 W – Employee Waiving Coverage
 P/T – Part-Time Employees
 WP – Waiting Period Employees

NH – New Hire

EXCEPTIONS:

- For groups with any **1099 contractors** eligible for coverage, if the 1099 contractor has been employed by the group 12 months or more, the IRS 1099 Tax Form will be required to verify eligibility.
- For groups associated with any other entities that are eligible to file a combined tax return under Section 414 of the Internal Revenue Code, a Common Ownership Certificate will be required to verify eligibility.

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