

# New way to submit new business on the Maryland SHOP.

Maryland Health Connection (SHOP) is transitioning to a direct enrollment platform, no longer using BenefitMall as the third party administrator. Below is the required information that must accompany a new submission and instructions on how to submit a new business, Maryland SHOP group with UnitedHealthcare. This cover form and process applies to all Maryland SHOP new business 2-50 groups with an 8/1/2018 effective date or later.

## Please complete the following information.

**Franchise Code: 8990000**

Effective Date:

List Medical and RX plan codes sold (i.e. AT-PQ & 591 RX):

Employee Choice or Employer Choice:

Additional notes/information for the install team:

Agency Name:

Agency Address:

Agent Name:

Agent Phone:

Agent Email:

## Please complete and submit this form along with the following items to [shopexchanges\\_ci@uhc.com](mailto:shopexchanges_ci@uhc.com).

- ✓ Employer Carrier Application (find form attached).
- ✓ Maryland SHOP Employee Eligibility and Election Form (find form attached).
- ✓ Final quote with sold rates.
- ✓ Binder Check or Direct Debit Authorization Form (find form attached).
- ✓ Wage and Tax Documentation.
- ✓ When emailing a new application, please include "MD SHOP – (group name)" in the email subject line.

Submit all new Maryland SHOP business to:

[shopexchanges\\_ci@uhc.com](mailto:shopexchanges_ci@uhc.com)

### Not for Consumer Use

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health Plan coverage provided by or through UnitedHealthcare of the Mid-Atlantic, Inc., Optimum Choice, Inc.

