



PLEASE NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines for a complete list of requirements. Please use the latest version of forms.

Our goal is to process your new group enrollment easily and efficiently in order to provide you and your client with a quick approval. The following list outlines the health plan's case submission requests:

SMALL GROUP (1-100) SUBMISSIONS

Completed and signed employer application, including employee participation totals

- ☐ Completed and signed enrollment form(s)
- ☐ Copy of medical proposal submitted to the employer that includes member rate detail (name, age, and premium) for all eligible subscribers and dependents
- ☐ Submit your initial premium payment online or by check; if paying by check, please include a copy with your application for faster processing; see payment information below
- ☐ DE-9C Requirements:
 - A reconciled DE-9C, current premium invoice, or two week payroll cycle is not required for groups with three or more eligible employees (E-Enrolling, VW-Valid Waiver, IVW-Invalid Waiver, PT-Part Time or T-Term)
 - A reconciled DE-9C or two week payroll cycle is always required for Sole Proprietor and Partnerships

Note: Sutter Health Plus Underwriting reserves the right to request a DE-9C

- ☐ Sutter Health Plus Eligibility Statement (for owners not on the DE-9C)
- ☐ Completed New Employee Verification Form for employees not listed on the DE-9C or current premium invoice

Note: Sole proprietors and partners do not need to complete this form; all eligible employees must be on a reconciled DE-9C or two week payroll cycle
- ☐ Please provide one of the following:
 - Sole Proprietorship – Current California Business License, Fictitious Business Name Filing, or Current Schedule C and (1040) form
 - Partnership/LP/LLC – Partnership Agreement and Federal (EIN) Assignment Letter, Current Schedule K-1 (1065), Statement of Partnership Authority, or Statement of Information (LLCs only)
 - Corporation/C Corp – Articles of Incorporation, Statement of Information, Schedule K-1 1120S (for S Corp), or Tax Form 1120 (pages 1 and 2) with Schedule 1125e (for C Corp)

SUBMISSION TIMELINE

If you submit group cases after the 20th of the prior month, this may cause a delay in the delivery of member identification cards and welcome materials by the effective date.

Final deadline for group submissions is the 10th of the effective month; group submissions must include completed documents and payment.

PAYMENT INFORMATION

Clients can pay their premiums online or by other methods such as bill pay, check, Automated Clearing House (ACH), and wire. The address for premium payment varies by method of payment. Clients can use the following specific information for paying their premiums.

ONLINE

Initial Premium Payment

Sutter Health Plus Online Payment Center

Clients can pay their initial binder payment* online through the Sutter Health Plus Online Payment Center at sutterhealthplus.org/binderpayment.

Monthly Premium Payment

Sutter Health Plus Portal

After registering for a portal account, clients can pay their monthly premium online through their Sutter Health Plus portal account and the Sutter Health Plus Online Payment Center.

1. Log in to Employer Portal: shplus.org/employerportal
2. Select "Make a Payment"

BILL PAY

Clients can use the following information with their bank or credit union online banking bill pay service.

Payee Name	Sutter Health Plus
Payee Address	P.O. Box 278136 Sacramento, CA 95827-8136
Payee Phone Number	855-325-5200

CHECK

Clients can make their check payable to Sutter Health Plus and mail to the appropriate address. They should include their Sutter Health Plus account name and account number with their payment.

Standard Mail	Sutter Health Plus P.O. Box 278136 Sacramento, CA 95827-8136
Expedited (Overnight) Mail	Sutter Health Plus – Deposit Services 3707 Schriever Ave. Mather, CA 95655

ACH

Clients can use the following information for ACH payments. They can contact their bank or credit union directly or consult their online banking service about ACH payments and any associated fees.

The routing number for ACH payments is different than the routing number for wire transfers.

Payee Name	Sutter Health Plus
Bank Name	JP Morgan Chase
ABA/Routing Number for ACH	322271627
Bank Account Number	529062369

WIRE

Clients can use the following information for wire transfers. They can contact their bank or credit union directly or consult their online banking service about wire transfers and any associated fees.

The routing number for wire transfers is different than the routing number for ACH.

Payee Name	Sutter Health Plus
Bank Name	JP Morgan Chase
ABA/Routing Number for ACH	021000021
Bank Account Number	529062369

After approval, prior carrier termination letter must be submitted by the employer or broker.

Important Reminder: To help your client comply with ACA requirements, provide a copy of the appropriate Summary of Benefits and Coverage (SBC) to each employee at the Enrollment Meeting, via email or by posting on an internal company website. For the most recent information regarding UHC's SBCs, contact your Word & Brown representative.