

Small Group Submission

Broker Checklist

Please use the following checklist for new sold small group submissions to ensure timely and accurate processing.

Small Group (1-100) Submission

- ☐ 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 required for groups with one to nine 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 first Friday of the effective month; group submissions must include completed documents and payment.

See page 2 for Payment Information

Payment Information

Clients can pay their premiums online or by bill pay, check, Automated Clearing House (ACH), or 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 the 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 740143 Los Angeles, CA 90074-0143
Payee Telephone Number	855-315-5800

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 740143 Los Angeles, CA 90074-0143
Expedited (Overnight) Mail	Sutter Health Plus Attn: Lockbox 740143 2706 Media Center Drive Los Angeles, CA 90065-1733

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 and Address	Bank of America 555 Capitol Mall, Ste. 150 Sacramento, CA 95814
ABA/Routing Number for ACH	121000358
Bank Account Number	1499285898

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 and Address	Bank of America 555 Capitol Mall, Ste. 150 Sacramento, CA 95814
ABA/Routing Number for Wire	026009593
Bank Account Number	1499285898