

# Small Group Submission

## 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.
  - ☐ 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 Plan Underwriting reserves the right to request a DE-9C.
- ☐ Sutter Health Plan 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).
  - ☐ Make your initial premium payment online or by check; if paying by check, please include a copy with your application for faster processing.

Email all completed documents to [shpserviceteam@sutterhealth.org](mailto:shpserviceteam@sutterhealth.org) with the group name and requested effective date in the subject line. You'll receive an email confirmation. Incomplete submissions may delay processing.

### Submission Timeline

Small group cases submitted after the 20th of the month before the requested effective date may experience delays in receiving member identification cards and welcome materials. To ensure the requested effective date, all submissions must include completed documents and the initial payment, by the 10th of the effective month. Submissions received after this date will shift the effective date to the following month and may require new documentation.

## Payment Information

Premiums can be paid online or through various other methods, including bill pay, checks, Automated Clearing House (ACH) transfers, and wire transfers. The address for premium payments varies depending on the method used. Please refer to the specific information provided below for each payment method.

### ONLINE

#### Initial Premium Payment

##### Sutter Health Plan Online Payment Center

Clients can pay their initial binder payment\* online through the Sutter Health Plan Online Payment Center at [sutterhealthplan.org/binderpayment](https://sutterhealthplan.org/binderpayment).

#### Monthly Premium Payment

##### Sutter Health Plan Portal

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

1. **Log in to Employer Portal** - [shplan.org/employerportal](https://shplan.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.

<b>Payee Name</b>	Sutter Health Plan
<b>Payee Address</b>	P.O. Box 278136 Sacramento, CA 95827-8136
<b>Payee Telephone Number</b>	855-315-5800

### CHECK

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

<b>Standard Mail</b>	Sutter Health Plan P.O. Box 278136 Sacramento, CA 95827-8136
<b>Expedited (Overnight) Mail</b>	Sutter Health - Deposit Services 3707 Schriever Ave. Mather, CA 95655

\* If you are submitting a large group payment for multiple subaccounts, please contact your Sutter Health Plan Account Executive to provide additional remittance information.

### 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.

<b>Payee Name</b>	Sutter Health Plan
<b>Bank Name</b>	JP Morgan Chase
<b>ABA/Routing Number for ACH</b>	322271627
<b>Bank Account Number</b>	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.

<b>Payee Name</b>	Sutter Health Plan
<b>Bank Name</b>	JP Morgan Chase
<b>ABA/Routing Number for Wire</b>	021000021
<b>Bank Account Number</b>	529062369

