

SMALL GROUP ENROLLMENT CHECKLIST

SUTTER HEALTH PLUS

Employer

- ☐ **Employer Application.** Fully complete all sections.
- ☐ A reconciled DE-9C, current premium invoice or two week payroll cycle. Required for the following groups:
 - Sole Proprietor or Partnerships of any group size.
 - Groups with 1-2 eligible employees.
- ☐ **New Employee Verification.** Complete for any employee not listed on the DE-9C or prior carrier bill.
- ☐ **Eligibility Statement** and Ownership Document. Applicable supporting group documentation based on business type.
- ☐ Premium Payment. Groups may submit premium in the following methods:
 - Company check (made payable to Sutter Health Plus) for the first month's exact premium.
 - **Pay Online.** Payment can be made online with Employer Tax ID.
- ☐ Copy of medical proposal showing each employee on their selected plan with all enrolling dependents.

Employee

- ☐ **Employee Application.** All eligible employees must complete an application to enroll.
- ☐ **Employee Waiver.** All eligible employees who decline group health coverage for themselves and/or their dependents must complete a waiver.

Broker

- ☐ **Sutter Health Plus Agent Application** and accompanying documents completed and submitted before first case

Please call your Amwins Connect Sales Team for more information: 866.570.5474 or
Securely upload your case submission at <https://www.amwinsconnect.com/online-case-status>

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ENROLLMENT TIPS

Reminder

- **COBRA MEMBERS:** Check with the COBRA administrator to verify if any former employees or covered dependents are currently enrolled through COBRA. These individuals will need to be notified by your administrator of the plan change.
- **CAL-COBRA MEMBERS:** For groups subject to Cal-COBRA, check with your prior carrier to verify if any former employees or covered dependents are currently enrolled; the employer will need to notify these individuals. Provide a separate check from enrollee for any Cal- COBRA premium.

DE-9C/Payroll Requirement

Reconciled DE-9C, using the following:

E = Enrolling	VW = Valid Waiver
IVW = Invalid Waiver	PT = Part Time
T = Term	

Summary of Benefits and Coverage (SBC)

A Summary of Benefits and Coverage (SBC) must be provided to each employee and beneficiary who is eligible to participate. You can download Sutter SBCs by visiting <https://www.sutterhealthplus.org/about/forms>.

Acceptable Ownership Documents

Corporation, C Corp	<ul style="list-style-type: none">• Articles of Incorporation, or• Statement of Information, or• Schedule K-1 1120S (for S Corp), or• Tax Form 1120 (pages 1 and 2) with Schedule 1125e (for C Corp)
Partnerships, LP & LLC	<ul style="list-style-type: none">• Partnership Agreement and Federal (EIN) Assignment Letter, or• Current Schedule K-1 (1065), or• Statement of Partnership Authority, or• Statement of Information (LLC's only)
Sole Proprietorship	<ul style="list-style-type: none">• Current California Business License, or• Fictitious Business Name Filing, or• Current Schedule C and (1040) form

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