

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 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)

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.

See page 2 for Payment Information

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 Plan Online Payment Center

Clients can pay their initial binder payment* online through the Sutter Health Plan Online Payment Center at 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
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 Plan
Payee Address	P.O. Box 278136 Sacramento, CA 95827-8136
Payee Telephone Number	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.

Standard Mail	Sutter Health Plan P.O. Box 278136 Sacramento, CA 95827-8136
Expedited (Overnight) Mail	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.

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

