



## NEW SMALL GROUP HMO/PPO/HSA SUBMISSION/EMPLOYER'S CHECKLIST

- ❑ Fully completed **Master Application**
- ❑ Fully completed **HMO or PPO Enrollment Application OR Declination of Coverage form** for each eligible employee
- ❑ **Separate Deposit Checks** (drawn from the group's account)
  - **payable to Sharp Health Plan** reflecting the appropriate amount for the first month's HMO premium, **and**
  - **a separate check payable to Allied National, Inc.** reflecting the appropriate amount for the first month's PPO premium and fees
- ❑ Previous Carrier's **Last Billing** Statement
- ❑ **Ownership paperwork** (required if owner/partners names do not appear on the DE-6 or payroll records). Documentation requested may include:

<b>For Sole Proprietor:</b> <ul style="list-style-type: none"><li>▪ Business License</li><li>▪ Fictitious Business Name Statement</li><li>▪ Schedule C Tax Form</li></ul>	<b>For Partnership:</b> <ul style="list-style-type: none"><li>▪ Business License (showing both names)</li><li>▪ Fictitious Business Name Statement (showing both names)</li><li>▪ Schedule K Tax Form (for each partner)</li><li>▪ Notarized Partnership Agreement</li></ul>	<b>For Corporation:</b> <ul style="list-style-type: none"><li>▪ Corporation Tax Documents (Form 1120 with Schedule E or Schedule K-1)</li><li>▪ Articles of Incorporation</li><li>▪ Statement of Domestic Stock</li><li>▪ Statement of Information</li></ul>
---	--	--
- ❑ **Broker paperwork** — Agreements/License
- ❑ **Individual Health Questionnaires** are required for all PPO/HSA enrollees regardless of group size and all groups with 2-24 enrolled employees
- ❑ **Group Questionnaire** required for groups with 25+ enrolled
- ❑ Most recent **DE-6**
  - If the group has not been in business long enough to have a DE-6, 4 weeks of payroll, including withholdings, may be submitted.
  - To reconcile the DE6, please indicate next to each employee's name the following:

T	Terminated (include date)
E	Eligible and enrolling (Include job titles if Carve Out)
WG	Eligible and Waiving for other Group coverage (identify if alongside another carrier)
WI	Eligible and Waiving for own Individual coverage
WS	Eligible and Waiving Spouse/Domestic Partner coverage
IE	Ineligible (Part-time, Seasonal, Waiting Period)
D	Declining (No other coverage)

You may send quote requests to [commercial.sales@sharp.com](mailto:commercial.sales@sharp.com) or fax (619) 228-2446 or call (619) 228-2428. You may also obtain a preliminary quote by registering to use the Sharp Health Plan on-line quoting tool at [SharpHealthPlan.com](http://SharpHealthPlan.com).

*Under no circumstances should a prospective group discontinue its present insurance coverage without written notice from Sharp Health Plan that new coverage has been approved and is in force.*