

# HMO Submission Checklist



## A complete submission includes:

- Master application** completed in its entirety.
- Enrollment application** signed and dated by employees within 60 days of the requested effective date completed in its entirety for each enrolling employee.
- Declination of coverage form** for each eligible employee declining coverage. Please note SHP requires copies of employees' ID cards to verify participation is being met.
- Deposit check** made out to Sharp Health Plan reflecting the appropriate amount for the first month's premium drawn from the group's account.
- Last billing statement** from the previous carrier.
- Ownership paperwork** (required if the names of the owner(s)/partners do not appear on the most recent DE-9c; tax extensions are not accepted).

Documentation requested may include:

### For a sole proprietor:

- Business license
- Fictitious business name statement
- Schedule C tax form

### For a partnership:

- Business license (showing all names)
- Fictitious business name statement (showing all names)
- Schedule K tax form (for each partner)
- Notarized partnership agreement

### For a corporation:

- Corporation documents (Form 1120 with schedule E or schedule K-1)
- Articles of incorporation
- Statement of information (Required for groups with 4 subscribers and under)

- Broker paperwork**
  - License
  - Completed W-9
  - Errors & Omission Insurance (E&O Ins.)
- 1099 Employees are eligible if:**
  - 1099 employees are on the prior carrier billing statement.

- There was an affiliation between the employer and the employee long enough for a Federal Tax return to be filed. Copies of the Form 1040 Schedule C and Form 1099 Miscellaneous for the prior year are required.
- Letter from the employer requesting to cover 1099 employees.
- No more than 25% of the enrolled employees may be 1099 employees.
- Completed 1099 Contractor Verification Form.

**Please include the following documents depending on the size of the group:**

- Small groups** are one to 50 benefits-eligible employees. At least one of these employees must not be an owner or spouse of an owner.

**DE-9c is required**

- If the group has not been in business long enough to have a DE-9c, please submit six weeks of payroll, showing withholdings.
- To reconcile the DE-9c, please indicate the appropriate code next to each employee's name:

- T** Terminated (include date)
- E** Eligible and enrolling (indicate job titles if carveout)
- WG** Eligible and waiving for other group coverage
- 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)

- Large groups** are 51 or more benefits-eligible employees.

**Complete employee roster** for each employee and include:

- Name
- Eligibility for benefits
- Health plan selected

If employees waive or decline coverage, please indicate the reason (has other coverage/has no other coverage, etc.).

You may send a quote request to [SHP.CommercialSales@sharp.com](mailto:SHP.CommercialSales@sharp.com) or fax (619)228-2446 or call (619)228-2429. You may also obtain a preliminary quote by registering to use the Sharp Health Plan online quoting tool at [www.SharpHealthPlan.com](http://www.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.**

