HMO/PPO/HSA Submission Checklist

A complete submission includes:

- □ **Master application** completed in its entirety.
- ☐ HMO or PPO enrollment application or Declination of Coverage form completed in its entirety 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.
 - Meritain reflecting the appropriate amount for the first month's PPO premium.
- **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:

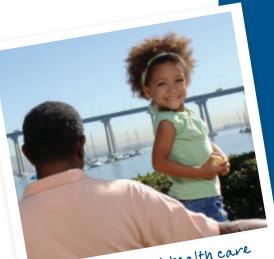
- Business license (showing all names)
- Fictitious business name statement (showing all names)
- Schedule K tax form (for each partner)
- Notarized partnership agreement

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 (E&O Ins.)



We believe that health care should be easy.



Please include the following documents:

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, including 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 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 a quote request to 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.

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.

