

# 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.)

## 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](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.**

