# **HMO Submission Checklist**

## A complete submission includes:

Master application completed in its entirety.
<b>Enrollment application</b> signed and dated by employees within 60 days of the requested effective date completed in its entirety for each enrolling employee.
<b>Declination of coverage form</b> 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:

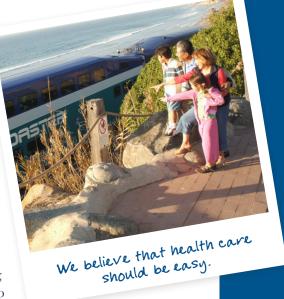
- Corporation documents (Form 1120 with schedule E or schedule K-1)
- Articles of incorporation
- Statement of information (Required for groups with 4 subscribers and under)

#### ☐ 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 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.





