



PLEASE NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines for a complete list of requirements. Please use the latest version of forms.

Our goal is to process your new group enrollment easily and efficiently in order to provide you and your client with a quick approval. The following list outlines the health plan's case submission requests:

- ☐ Employer Check for the first month's premium payable to "Sharp." If enrolling on PPO, please submit two checks (one for the HMO enrollment and the other for the PPO). The PPO check should be made out to "Meritain."
- ☐ Completed Master Application – there are two different Master Applications of which only one must be completed based on plan selection: one for HMO and one for PPO.
- ☐ Employee Enrollment Form completed by each employee.
- ☐ Master Application and Employee Enrollment Forms must be signed and dated within 60 days of requested effective date.
- ☐ Employee waiver or Completed Declination of Coverage list for employees not electing coverage. ID cards are required to verify participation.
- ☐ Most recent prior carrier billing statement listing the group's name, all the covered employees and the billing date.
- ☐ The most recent quarter **DE-9C (formerly DE-6)** reconciled. For new hires not appearing on the DE-9C, 2 weeks of current payroll records are required (W-4's are not acceptable substitute). For the owners/partners not appearing on the DE-9C or showing part-time wages on the DE-9C, provide required ownership documentation. Group must provide documentation (i.e. payroll, DE-9C, ownership documents) to show there have been at least two full-time employees 45 days (6 weeks) prior to the requested effective date.
- ☐ Sharp will ask for ownership documents for groups of 4 enrolling employees or fewer. Please contact your Word & Brown representative for details. All corporations with 4 or less enrolling employees will need to provide a stamped SOI listing all owners/officers. A blank SOI will not be accepted - no exceptions.
- ☐ Workers' Compensation is required except those not required by law to be covered by Workers' Compensation.
- ☐ When a company has a DBA (Doing Business As), a copy of the current Fictitious Business Name Statement must be provided to link the legal name to the DBA.
- ☐ 1099 employee must appear on prior carrier bill. 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 group may be 1099 employees. Completed 1099 contractors verification form.
- ☐ Waiting period: minimum is first of the month following date of hire; maximum is 90 days.
- ☐ Dual/Multi plan option - minimum of 6 enrolled employees.
- ☐ Dual Networks with 6+ enrolled. Any two networks can be wrapped together. A total of 6 plans can be offered in each network.
- ☐ **Licensing:** Completed Agent/Broker Information form and W-9, along with current California Life License and E&O Declaration page.

After approval, prior carrier termination letter must be submitted by the employer or broker.

Important Reminder: To help your client comply with ACA requirements, provide a copy of the appropriate Summary of Benefits and Coverage (SBC) to each employee at the Enrollment Meeting, via email or by posting on an internal company website. For the most recent information regarding Sharp Health Plan's SBCs, contact your Word & Brown representative.