

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 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.

