

NEW EMPLOYEE

Verification Documentation

Please complete this form to document eligible employees hired in the last 30 days who don't appear on payroll records. Return this form to your broker or Sutter Health Plus Account Services by fax to 916-566-4899.

Section A – Employer Information

Legal Company Name	DBA				
Street Address (P.O. Boxes not accepted)	City	County	State	ZIP	
Mailing Address (P.O. Box accepted)	same as above	City	County	State	ZIP

Section B – Employee Information

Last Name	First Name	Hire Date	Avg. Hours Worked per Week	Last 4 Digits of Social Security Number

Section C – Employer Agreement

By signing this form I attest the employees listed above are eligible permanent employees working at least 20 hours per week. I understand that this information may be subject to verification and I agree to provide Sutter Health Plus with any information necessary to do so.

Signature

Date

Authorized Group Signer Name and Title

Email