Please use the following checklist for new sold small group submissions to ensure timely and accurate processing.

Small Group (1-100) Submission

☐ Reconciled DE-9C (required for one to five eligible employees and any group size for sole proprietor and partners): VW-Valid Waiver, T-Term, PT-Part Time, E-Enrolling; or a current premium invoice

*Note:* Sutter Health Plus Underwriting reserves the right to request a DE-9C

☐ Scanned copy of check for first month’s premium; mail physical check to the address below

☐ Completed and signed employer application, including employee participation totals

☐ Completed and signed employee application(s)

☐ Completed New Employee Verification Form for employees not listed on the DE-9C or current premium invoice

*Note:* Sole proprietors and partners do not need to complete this form. All eligible employees must be on a reconciled DE-9C or payroll source.

☐ Copy of medical quote submitted to employer for all subscribers and dependents

☐ Sutter Health Plus Corporate Officer Eligibility Statement (for owners not on the DE-9C)

☐ Please provide one of the following:

☐ Sole Proprietorship – Current California Business License, Fictitious Business Name Filing, or Current Schedule C and (1040) form

☐ Partnership/LP/LLC – Partnership Agreement and Federal (EIN) Assignment Letter, Current Schedule K-1 (1065), or Statement of Partnership Authority

☐ Corporation/C Corp – Articles of Incorporation, Statement of Information, Schedule K-1 1120S (for S Corp), or Tax Form 1120 (pages 1 and 2) with Schedule 1125e (for C Corp)

*See page 2 for Submission Timeline and Payment Information*
Submission Timeline
If you submit group cases after the 20th of the prior month, this may cause a delay in the delivery of member identification cards and welcome materials by the effective date.

Final deadline for group submissions is the first Friday of the effective month; group submissions must include completed documents and binder check.

Payment Information

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Address</th>
</tr>
</thead>
</table>
| Initial Premium Payment             | Sutter Health Plus  
P.O. Box 740143  
Los Angeles, CA 90074-0143          |
| Monthly Premium Payments            | Sutter Health Plus  
P.O. Box 740143  
Los Angeles, CA 90074-0143          |
|                                     | You also have the choice to pay your premium online once you’ve created your Sutter Health Plus portal account. The online payment option is not available for initial payments.  
Visit shplus.org/employerportal to register or access your account. |
| Expedited (Overnight) Premium Payment | Sutter Health Plus  
Attn: Lockbox 740143  
2706 Media Center Drive  
Los Angeles, CA 90065-1733          |