

New Employee

Verification Documentation

Please complete this form for eligible employees hired in the last 30 days who are not listed on the DE-9C or current premium invoice and return it to your broker or include it with your small group submission.

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 Plan with any information necessary to do so.

Signature	Date
Authorized Group Signer Name and Title	Email

