Employer Change Request Form

Sutter Health Plus

How to use this form:

Please use this form to request changes to your company information. Once your request has been processed, you'll receive an amended contract, if necessary, and your changes will take effect during the next billing cycle. It is important to keep your contact information current and up to date.

Please note: do not use this form to make membership changes such as adding, removing or changing member information.

How to submit this form:

You must email this signed and completed form to Sutter Health Plus. Missing information may delay processing.

EMAIL
shpaccountservices@sutterhealth.org

Section A – Group Information

Legal Company Name

DBA (Account Name)

Sutter Health Plus Group ID

Requested Effective Date

Section B – Change Request (Select all that apply)

- ☐ **Company address** (Continue to section B1)
- ☐ **Company contact(s)** (Continue to section B2)
- ☐ **Company name, DBA, Federal Employer ID, SIC*, organization type** (Continue to section B3)
- ☐ **Continuation of coverage administrator** (Continue to section C)

Section B1 – Company Address (Please provide the new address below)

Street Address (P.O. Boxes not accepted) **City** **State** **ZIP**

Billing Address (P.O. Box accepted) ☐ Same as street address **City** **State** **ZIP**

Correspondence Address (P.O. Box accepted) ☐ Same as street address **City** **State** **ZIP**

* You can look up your Standard Industry Classification Code (SIC) on the Division of Corporation Finance: SIC List at sec.gov/info/edgar/siccodes.htm.

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Section B2 – Contact Information (Please note we prioritize digital communication and require an email address)

Primary Contact (Each account can only have one primary contact)

	Name	Title	Email
☐ Add ☐ Delete			
☐ Add ☐ Delete			

Secondary Contact (Accounts can have multiple secondary contacts)

	Name	Title	Email
☐ Add ☐ Delete			
☐ Add ☐ Delete			
☐ Add ☐ Delete			

Billing Contact

	Name	Title	Email
☐ Add ☐ Delete			
☐ Add ☐ Delete			

Employer EDI Discrepancy Contact (Accounts can have multiple contacts)

	Name	Title	Email
☐ Add ☐ Delete			
☐ Add ☐ Delete			
☐ Add ☐ Delete			

Section B3 – Company Name, DBA, Federal Employer ID Number, SIC, Organization Type

1. Provide new information

Legal Company Name

Federal Employer ID Number

DBA (Account Name)

SIC Code

Organization Type

☐ S-Corporation ☐ C-Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC ☐ Nonprofit

☐ Other (Specify)

2A. Name change only. Please select all that apply and submit the required documents listed below.

☐ Filed Fictitious Business Name (FBN) for new fictitious business DBA

☐ Filed amendment/conversion for corporation/partnerships

Required Documents		
• IRS documentation of new name and one of the following: - EIN - W9 - SS-4	**AND**	• Proof of name change showing previous and new name, as follows: - Corporations, partnerships or LLC: Amendment or conversion document filed with the California Secretary of State - Sole proprietor or DBA changes: FBN statement filed with the county

2B. Comprehensive company change. Please answer all applicable questions and submit the required documents listed below.

Change Type (Select all that apply):

☐ Ownership

☐ Company purchase or sale

☐ Organization type

☐ Employees moving to other existing company

☐ Adding subsidiary or affiliate business*

☐ Merger

☐ Other: _____

Total current FTE and FTE equivalent: _____

If current count is larger than 100, how many employed in prior calendar quarter? _____

If prior calendar quarter count is larger than 100, how many employed in prior calendar year? _____

*** Please provide the names of the subsidiary or affiliated companies.**

Subsidiary or affiliated company name	Include in coverage?	Eligible to file a combined state tax return?
	☐ Yes ☐ No	☐ Yes ☐ No
Subsidiary or affiliated company name	Include in coverage?	Eligible to file a combined state tax return?
	☐ Yes ☐ No	☐ Yes ☐ No
Subsidiary or affiliated company name	Include in coverage?	Eligible to file a combined state tax return?
	☐ Yes ☐ No	☐ Yes ☐ No

Required Documents

- IRS documentation of new name and one of the following:
  - EIN
  - W9
  - SS-4
- Payroll or W4 for all employees
- New employees only: applications and refusals
- Documentation supporting company changes, such as purchase, merger, or partnership agreements or corporate documentation

Section C – Continuation Coverage – Federal COBRA Administrator

☐ Add ☐ Delete

Vendor **Contact Name**

Correspondence Address **City**

State **ZIP** **Phone** **Email**

Section D – Attestation

By signing this form, I attest that the above responses are true and correct and the requested changes comply with the applicable laws.

Employer/Authorized Representative Signature **Date**

Name and Title