



To: Cheryl

Sutter Health Plus
P.O. Box 160307
Sacramento, CA 95816
855-315-5800
sutterhealthplus.org

January 17, 2018

Sylvan Unified School District
Attention: Sherri Brown
605 Sylvan Ave
Modesto, CA 95350-1517

Re: Schedule A Form 5500

Dear Sherri Brown:

Thank you for choosing Sutter Health Plus as your trusted health plan partner. Enclosed you will find Information for IRS Schedule A (Form 5500) for your employer group policy year beginning January 1, 2017 and ending December 31, 2017.

Please consult with your plan administrator, tax advisor, or legal counsel to determine if you are required to file the Annual Form 5500 to meet Internal Revenue Code and Department of Labor annual reporting requirements under the Employee Retirement Income Security Act and the Internal Revenue Code. You may find more information on the following websites:

- irs.gov/retirement-plans/form-5500-corner
- efast.dol.gov/welcome.html

If you have questions about the information contained in this form, please contact Sutter Health Plus Account Services at 1-855-325-5200, available Monday through Friday, 8 a.m. to 5 p.m.

Regards,

Sutter Health Plus

INFORMATION FOR IRS

Schedule A (Form 5500)

In accordance with DOL Regulations, Sutter Health Plus certifies that the information provided below is accurate and complete. Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). Employers may use the information included on this form to complete IRS Schedule A (Form 5500).

Name of Plan Sylvan Unified School District

Section A – Information Concerning Insurance Contract Coverage, Fees, and Commissions

Section A1 – Coverage Information

Name of Insurance Carrier	EIN	NAIC Code
Sutter Health Plan	46-1183948	15107
Contract or Identification Number	Policy or Contract Year	
000004	From: 1/1/2017	To: 12/31/2017
Approximate number of persons covered at end of policy or contract year <u>553</u>		

Section A2 – Insurance Fee and Commission Information (Enter the total fees and total commissions paid)

Total Amount of Commissions Paid \$69,392.89 Total Amount of Fees Paid \$0.00

Section A3 – Persons Receiving Commissions and Fees (List the agents, brokers, and other persons in descending order of the amount paid)

Name	Address		
Keenan & Associates - Rancho Cordova	2868 Prospect Park Dr Ste 600, Rancho Cordova, CA		
Amount of Sales and Base Commissions Paid	Fees and Other Commissions Paid		Organization Code
\$69,392.89	Amount	Purpose	3
	\$0.00		
Name	Address		
Amount of Sales and Base Commissions Paid	Fees and Other Commissions Paid		Organization Code
	Amount	Purpose	

Section B – Welfare Benefit Contract Information

Section B1 – Benefit and Contract Type (check all applicable boxes)

- Health (other than dental or vision)
- HMO Contract
- Prescription Drug

Section B2 – Nonexperience-rated Contracts

Total premiums or subscription charges paid to carrier \$3,469,644.