

New business case submission checklist

New York Groups of 50 or fewer eligible employees

Step 1:

Complete/review employer application

- HMO/EPO/MC/Dental/Life application
- Joinder Agreement filled out for Life or out-of-state products
- Dental/Life/Disability application
- Joinder agreement filled out for Life or out-of-state products.
- NYS-45 or other applicable tax documents (Proof of Eligibility form, if owner/officer/partner not on tax form)
- Initial premium check made payable to Aetna Inc.
- Copy of current/prior medical carrier's latest bill with employee roster and premium summary page
- Employer Funding Certification and Statement of Understanding
- Addendum to New Business Input documents (TAE form)

Step 2:

Complete/review Employee Change form

- Employee (EE) enrollment form for each employee (HMO/EPO/MC/Dental/Life)
- Complete the Individual Waiver section of the EE application for each employee waiving coverage

Step 3:

Complete/review broker information

- Illustrative rates and copy of census (Employee Listing Report) from Aetna rating tool
- Agent/broker must be licensed in New York and appointed by Aetna

Effective dates may be the first or fifteenth of the month only. We must receive all required paperwork by the 25th of the previous month for effective dates of the first of the month and the tenth of the month for effective dates of the fifteenth of the month.

Send all information to:

E-mail

CranSGNBSubmissions@Aetna.com

Mail

Aetna Small Group
3 Independence Way
4th floor
Princeton, NJ 08540

Broker Name _____ Agency Name _____

For questions on this submission, please contact _____

Phone () _____ Fax () _____

E-mail Address _____

Prospect/Client Name _____

Prospect E-mail Address _____

All paperwork is enclosed and my submission is complete. I understand incomplete paperwork could delay the effective date of coverage.

Signature _____

For assistance with your new case submissions, contact your Aetna sales manager or call us at **1-888-277-1053.**

Submission details and guidelines

Employer information

Employer application

- Employer signature must be an owner or corporate officer
- Number of eligible and enrolled employees
- Premium percentage paid by employer
- Indicate selected products in Section II — Specifications for Coverage
- Complete grid for any employee/dependent health continuations (for example, COBRA continuation)
- Applications will not be accepted more than 90 days from date signed

NYS-45 or other applicable tax documents

- Out-of-state employees require proof of employment if not identified on NYS-45
- If owner, partner or corporate officer not listed on NYS-45, submit the Small Group Proof of Eligibility form signed by employees and with requested documents
- Newly hired employees should be written on the QWTS and signed and dated by the employer.

Initial premium check made payable to Aetna Inc.

- Company check required

Copy of current/prior medical carrier's latest bill

- Include employee roster and premium summary page

Employee information

Employee applications filled out by each employee

- Any alterations must be initialed and dated by employee
- Individual Waiver section completely filled out for each employee waiving coverage

Dental submissions*

- Employer master application
- Employee enrollment form
- First month premium check required (on company check stock) — Medical, Dental and Group Insurance may be submitted on one check
- Copy of illustrative Dental rates and census

Group Insurance submissions*

- Employer master application
- Employee enrollment form
- First month premium check required (on company check stock)
- Group Insurance and Dental may be submitted on one check
- Copy of illustrative Life rates and census if Term Life selected
- Individual Health Statement required if selecting Life amount in excess of Guaranteed Issue amount
- Completed Joinder Agreement

Avoid potential delays in getting your client enrolled.

Make sure your new case submissions are complete!

*If submitting stand-alone Dental or Life submission, tax documents and copy of prior carrier's bill are also required.

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This material is for informational purposes only. Information is believed to be accurate as of the production date; however, it is subject to change.

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