

# How to Complete Enrollment Applications and Change Forms



With complete information we can process your paperwork quickly and accurately.



In order to help expedite the processing of enrollment applications or change forms there are **required fields of information** that need to be completed for your eligible employees. Please make sure the following information is provided:

- **Employer Group Name and Group Number:** ensures correct group employer plan is being updated and billed.
- **Date of Hire:** MM/DD/YY determines the correct effective date of coverage.

▪ **Employee Information:**

Last Name, First Name, Middle Initial  
Full Address, including number, street name, & apt. #  
State and ZIP Code  
Date of Birth

Employee’s eligible dependent information must also include, Name, DOB and Sex to be properly enrolled in coverage.

- **Employee Signature and Date of Signature:** Must be signed and dated by the employee no more than **31** days after the eligibility date and received by us no more than two premium billing months of the effective date.

In New Jersey and Pennsylvania employees will need to select a PCP, if they are enrolled in a plan that requires referrals. If a PCP is not selected, we will automatically assign a PCP to the new enrollee based on their state and zip code.

**NOTE:** For Pennsylvania, Virginia, & District of Columbia: Employees will need to sign and date page one of the enrollment form only if employee is declining coverage for themselves or their dependents.

If you have any questions, don’t hesitate to contact us 1-877-28-AETNA, prompt #2.



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