

New business case submission checklist

Pennsylvania

For assistance with your new case submissions, contact your Aetna Sales Manager or call us at **1-877-28-AETNA (1-877-282-3862)**.

Employer/Company Name _____

Employer/Company E-mail Address _____

For easy access to up-to-date forms on Aetna's Producer World® site click <https://www.aetna.com/producer/SmallGroup/forms/pennsylvania.html>. Applications and forms asterisked below are available there.

Step 1: Employer information

- Employer Application***
- Employer Medicare Application***
- UC-2 prior quarter filed report or other applicable tax documents**
Proof of Eligibility Form,* if owner, officer, partner not on tax form
- Group Medical Questionnaire***
for groups in Southeastern PA areas, enrolling 20 – 50 employees
- Premium check** made payable to Aetna Inc.
- Copy of current/prior medical and dental carrier's latest bill**
with employee roster and premium summary page and current dental Summary of Benefits

Step 2: Employee information

- Employee Enrollment Form for each employee***
- Medicare Enrollment Form***
for each Medicare applicant

Step 3: Rate information

- Illustrative rates and census** from Aetna+ rating tool

Send all information to:

Aetna Small Group
ATTN: New Business
980 Jolly Road, Bldg 1
Mailcode U12S
Blue Bell, PA 19422

Detailed submission guidelines attached.

Effective dates may be the **first or fifteenth of the month only**. If purchasing a group Medicare plan, only the first of the month effective date is available for the entire group's submission.

All required paperwork must be received by Aetna+ at least **one business day** prior to the requested effective date.

For questions on this submission, please contact _____

Phone () _____ Fax () _____

E-mail Address _____

Submission details and guidelines

Pennsylvania

Avoid potential delays
in getting your client
enrolled.

Make sure your new
case submissions are
complete!

Employer information

Employer application

- Employer signature must be an owner or corporate officer
- Premium Percentage (%) paid by employer
- Employee Eligibility Section: Complete grid counting all company employees and complete all other questions
- Broker/agent information completed, signed, and dated in appropriate section
- Applications will not be accepted more than 60 days from date signed

Employer Medicare application

- Complete and sign if any employees are electing Aetna Medicare plan
- Only 1st of month effective dates available for the entire group's submission

UC-2 prior quarter filed report or other applicable tax documents

- Part-time, terminated, seasonal or temporary employees must be marked on the wage and tax report
- For seasonal industries such as Lawn and Garden Services, Golf Courses, Farm Laborers, etc., four (4) consecutive quarters of wage and tax reports may be requested by underwriting
- All enrolling employees must be represented on the wage and tax form or included on a quarterly payroll report

- Out-of-state employees require proof of employment if not identified on UC-2
- If owner, partner or corporate officer is not listed on UC-2, submit the Small Group Proof of Eligibility Form signed by employees and requested tax documents
- If newly hired employees are not identified on the UC-2, submit 2 consecutive payroll reports indicating compensation and taxes withheld

Premium check made payable to Aetna Inc.

- First month premium check (on company stock) may be submitted on one check for Medical, Group Insurance, Dental and Medicare

Copy of current/prior medical/dental carrier's latest bill

- Include employee roster and premium summary page

Employee information

Employee applications completed, signed, and dated by each employee

- All pages of enrollment form required
- Any alterations must be initialed and dated by employee
- In Individuals Covered section, complete all fields including height and weight
- Declination/waiver section completed by each employee waiving self, spouse or dependent coverage

Dental submissions (in addition to items under Employer Information section)

- Copy of illustrative Dental rates and census
- Copy of Summary of Benefits for the customer's current dental plan, if applicable
- All pages of enrollment form required

Group Insurance submissions (in addition to items under Employer Information section)

- 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

Medicare information (in addition to items under Employer Information section)

- Effective date of all plans must be first of the month
- Group Medicare Enrollment Form
- Illustrative rates with plan indicated and employer signature

†Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies (Aetna).

This material is for informational purposes only and is subject to change.