



Aetna 51-100 Group Prescreen Request Total Average Employees (TAE)

Group name		Effective date
Address		City, state ZIP code
Number of eligible employees	Number of enrolling employees	Number of employees not enrolling with a valid waiver
Are early retirees <65 eligible for coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many are covered? _____		Are early retirees >65 eligible for coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many are covered? _____
Are they offered the same benefits as full time? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe benefits:		Are they offered the same benefits as full time? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe benefits:
Current number of COBRA continuees enrolled in the current plan: _____		
Does the group fund any portion of the deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____		Has group been insured with Aetna? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide group/control number. _____
Number of years with current carrier: _____		Number of carriers in the past three years: _____
SIC code	Nature of business	
What was the TAE for previous calendar year? _____ – Count any employee receiving a W-2. This includes full-time, part-time, and seasonal workers who may or may not have been eligible for your medical coverage. (This does not include 1099 independent contractors.) – When calculating the average, consider all months of the previous calendar year, regardless of whether you had coverage with Aetna or another carrier or no coverage at all. – Add each month's number to get an annual total, and then divide by 12. (For example: 253 / 12 = 21.) Round up or down to the nearest whole number. (Examples: 24.6, round up to 25; 24.3, round down to 24.)		

Requested products

Medical: <input type="checkbox"/> Yes <input type="checkbox"/> No	Basic Life: <input type="checkbox"/> Yes <input type="checkbox"/> No	Supp Life: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dental: <input type="checkbox"/> Yes <input type="checkbox"/> No	STD: <input type="checkbox"/> Yes <input type="checkbox"/> No	LTD: <input type="checkbox"/> Yes <input type="checkbox"/> No

Broker information

Broker/agency name	Broker/agency TIN	Contact name
Telephone number	Fax number	Email address

General agent information (if applicable)

General agency name ARMS Insurance Group, LLC	General agency TIN 46-5537206	Contact name Marcie Fircak
Telephone number (412) 835-9100	Fax number (412) 835-1000	Email address mfircak@armsins.com

It's as easy as 1, 2, 3, . . . simply submit:

1. If fewer than 20 subscribers, individual health statements are required.
2. Current rates and plans on carrier paper
3. Renewal rates and plans on carrier paper
4. Minimum 12 months claims experience if available (required for Texas, Nevada and groups currently self insured)
5. Complete member level census for all eligible employees, dependents, waivers and COBRA participants in Excel
Include first and last names, dates of birth, home and work ZIP codes, genders, medical tiers, and COBRA.

And email to your local Aetna sales market mailbox. WEPA51-100QuotesPrescreens@aetna.com

Prescreen submissions should be received by Aetna:

- 15th of the prior month for a 1st of the month effective date
- 1st of the month for a 15th of the month effective date.

Aetna will provide medically underwritten rates that will not change unless the final census, eligibility, medical conditions or funding certification information is not supplied or changes.

Underwriting may request additional information for groups that present a unique risk profile not addressed by our standard data requirements above.