

Aetna (Pennsylvania)
Guidelines for Submission of New Business for Groups of 2-50 Employees
***This form must be submitted with ALL Aetna New Business**

Group Name _____

Effective Date of Coverage (must be submitted within 10 days of the effective date) _____

Broker Name & Agency _____

Binder Check

- _____ Made payable to Aetna
- _____ Equal to first month's premium
- _____ On company check stock (if company stock is not available, an explanation on company letterhead is needed)
- _____ Company name and address must be consistent with the corresponding enrollment forms

Small Employer Application and Joinder Agreement

- _____ Effective date must be indicated and meet the submission deadline
- _____ Group name and address are clearly identified and are consistent with the binder check and corresponding forms
- _____ Name of correspondent must be consistent throughout the submission
- _____ SIC code and nature of business
- _____ Must indicate the precise plan and must match original quote
- _____ Every section must be fully completed due to medical underwriting including the employer eligibility/employee status
- _____ The Agent Producer Information must reflect Philadelphia Benefits LLC. A separate BOR can be completed reflecting the broker for commission purposes.
- _____ Must be reviewed, signed and dated by an Officer, Partner, or Proprietor and a witness

Most recent UC2A (State Quarterly Wage Report)*

- _____ Mandatory for all groups regardless of size (2 weeks payroll verification for new hires not listed on the report)
- _____ All employees appearing on the report are identified (e.g., enrolling, waiving, part-time, terminated or not eligible)
- _____ Newly formed companies without a UC2A must submit 2 weeks payroll verification for all employees.
- _____ A Proof of Eligibility Form must be fully completed for each owner that does not appear on the UC2A. Please refer to the form for the required additional tax documentation.

**Please note that Aetna reserves the right to request any further documentation to prove the legitimacy of the group's small employer status in Pennsylvania.*

Recent Prior Carrier Bill

- _____ Must list employees
- _____ Bill must be within 3 months of requested effective date

Employee Applications

- _____ Must indicate group name, effective date and date of hire
- _____ Section A must be fully completed.
- _____ Section B specify plan selection and enrollment status
- _____ Section C all subscriber and dependent information must be completed (Social Security Number, Date of Birth, Gender, and PCP HMO ID number)
- _____ For medical underwriting purposes, height and weight must be completed for all enrolling
- _____ Sections I, J & K must be fully completed for groups enrolling 20-50 employees (see application for applicable counties)
- _____ Application must be completed and signed by both employee and employer

Waivers

- _____ Pages 1 & 2 of the employee application must be completed
- _____ Provide carrier name & policy number
- _____ Employee must indicate reason for waiving coverage and sign.
- _____ Please note that legitimate waivers count towards a group's 75% participation requirement

Copy of sold rate quote

- _____ Must be approved by an Officer, Partner or Owner of the group

Addendum to New Business Input Documents

Declaration of Understanding (HSA plans only)

Prior Carrier Termination letter (if through Philadelphia Benefits LLC)

****Please be advised that these deadlines and requirements are for Aetna new business submissions only.
There is a separate checklist and different requirements for Aetna existing business.**