



PROFESSIONAL GROUP PLANS, INC.
Specializing in Employee Benefits

**Aetna Healthcare
New Jersey
New Business Submission
Checklist**

- Installation Checklist**
- Employer Application Form- NJ**
- Certification Form**
- Employee Enrollment Form(s)**
- Waiver Form(s)**
- Signed Quote or Rate Sheet**
- WR-30 Form**
- First Month's Premium Check Payable to :
Aetna**
- Forms Must Be Submitted to PGP Office**
*6 days prior to the effective date.

If you have any questions, please contact your PGP representative.

Updated 1/2/04