

# AETNA SMALL GROUP

## Underwriting/Installation Checklist – Connecticut

Broker Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Prospect/Client Name: \_\_\_\_\_

For questions on this submission,

Please contact \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Plan being

requested: \_\_\_\_\_

Aetna Sales Manager's

name: \_\_\_\_\_

Name of General

Agent: \_\_\_\_\_

(if applicable)

### Section A – Employer Information

#### ○1. Employer Application.

- >Employer signature must be an owner or corporate officer
- >No altered applications.
- >Number of eligible and enrolled employees.
- >New hire & termination of coverage information.
- >Employer contributions.
- >Indicate selected products in Section II – Specifications for Coverage.
- >COBRA extendees must indicate qualifying event & date.
- >Applications will not be accepted more than 60 days from date signed.

#### ○2. Broker of Record Letter on Company letterhead or broker/agent name & tax ID # clearly identified on employer signature page.

#### ○3. CT Small Group Verification Certificate.

#### ○4. CT UC-5 or other applicable tax documents.

- >Out-of-state employees require proof of employment if not identified on CT UC-5
- >Proof of partner or owner for individuals not collecting a wage/not on CT UC-5

#### ○5. Premium Check made payable to Aetna.

- >Company check required.

### Section B – Employee Information

- 1. Employee applications completely filled out by each employee.
  - >Any alterations must be initialed and dated by employee.
- 2. Individual waiver forms completely filled out for each employee waiving coverage
- 3. Family Health Statements completely filled out and signed.

### Section C – Broker Information

- 1. Illustrative rates and copy of census (Employee Listing Report) from Aetna rating disc.
- 2. Agent/broker must be licensed in state and appointed by Aetna.
- 3. Commission to be paid to:
  - Agent
  - Agency
  - Other: \_\_\_\_\_

### Section D – Current Medical Carrier Bill/Invoice

- 1. Copy of current/prior medical carrier's latest bill with employee roster & premium summary page.

### **Effective Dates May Be the First or Fifteenth of the Month ONLY.**

All required paperwork must be received, by Aetna, at least one business day prior to the requested effective date. Incomplete submissions may delay or prevent installation of new case.

Send all information above to:

Aetna – Small Group New Business Submission  
P.O. Box 9610  
Cranbury, NJ 08512  
1-888-277-1053  
SO17680@aetna.com