

New Business Case Submission Checklist

Northern New Jersey

For assistance with your new case submissions, contact our broker sales support center at 1-888-277-1053, prompt #5

Broker Name: _____ Agency Name: _____

For questions on this submission, please contact: _____

Phone: (____) _____ - _____ Fax#: (____) _____ - _____

Email address: _____ GA contact (if applicable): _____

Prospect/Client Name: _____ Prospect email address: _____

Step 1

Complete/review Employer Application

- 1. HMO/QPOS Application:
www.aetna.com/producer/data/sbc/nj_employer_application.pdf
- 2. Dental/Life Application:
www.aetna.com/producer/data/sbc/nj_er_life_prod.pdf
- 3. NJ Small Group Verification Certificate
www.aetna.com/producer/data/sbc/nj_er.pdf
- 4. WR-30 or other applicable tax documents
(Proof of Eligibility Form, if owner/officer/partner not on tax form)
www.aetna.com/producer/data/sbc/Proof_of_Eligibility.pdf
- 5. Premium check made payable to Aetna, Inc.
- 6. Copy of current/prior medical carrier's latest bill with employee roster & premium summary page

Step 2

Complete/review Employee Information

- 1. Employee Enrollment Form for each employee
HMO/QPOS/Dental-
www.aetna.com/producer/data/sbc/EE_Enrollment_form_NewJersey.pdf
Group Insurance (Life & Packaged Life/Disability Product)
www.aetna.com/producer/data/sbc/NJGrp_Ins_Enr_Form.pdf
- 2. Individual Waiver Form filled out completely for each employee waiving coverage
www.aetna.com/producer/data/sbc/nj_eew.pdf

Step 3

Complete/review Broker Information

- 1. Illustrative rates & copy of census (Employee Listing Report) from Aetna rating tool
- 2. Agent/broker must be licensed in state & appointed by Aetna

Detailed Submission Guidelines Attached.

Effective dates may be the **first or fifteenth of the month only**. All required paperwork must be received by Aetna at least **three business days** prior to the requested effective date.

Send all information to

Aetna Small Group
New Case Submissions
One Farr View
Cranbury, NJ 08512

Submission Details & Guidelines

Northern New Jersey

Avoid potential delays in getting your client enrolled.

Make sure your new case submissions are complete!

Employer Information

- ✓ **Employer Application**
 - a. Employer signature must be an owner or corporate officer
 - b. Number of eligible and enrolled employees
 - c. Premium percentage paid by employer
 - d. Indicate selected products in Section II- Specifications for Coverage
 - e. Complete grid for any employee/dependent health continuations (COBRA, state continuation)
 - f. Applications will not be accepted more than 60 days from date signed

- ✓ **WR-30 or other applicable tax documents**

- a. Out-of-state employees require proof of employment if not identified on WR-30
- b. If owner, partner, or corporate officer not listed on WR-30, submit the Small Group Proof of Eligibility Form signed by employees & with requested documents
- c. If newly hired employees are not identified on the WR-30, submit payroll report indicating compensation & taxes withheld.

Employer Information Cont...

- ✓ **Premium check made payable to Aetna, Inc.**
 - a. Company check required
- ✓ **Copy of current/prior medical carrier's latest bill**
 - a. Include employee roster & premium summary page

Employee Information

- ✓ **Employee applications filled out by each employee**
 - a. Any alterations must be initialed and dated by employee.
 - b. Individual Waiver Form completely filled out for each employee waiving coverage

Dental Submissions*

- a. Employer Master Application
- b. Employee Enrollment Form
- c. First Month Premium Check Required (on company check stock)
Group insurance & dental may be submitted on one check
- d. Copy of illustrative dental rates & census

Group Insurance Submissions*

- a. Employer Master Application
- b. Employee Enrollment Form
- c. First Month Premium Check Required (on company check stock)
Group insurance & dental may be submitted on one check
- d. Copy of illustrative life rates & census if term life selected
- e. Individual Health Statement required if selecting life amount in excess of Guaranteed Issue amount

* If submitting standalone dental or life submission, tax documents and copy of prior carrier's bill are also required

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

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