

Carve Outs/Excluded Class

- Union employees, as a class, may be excluded by an employer, as not being eligible for coverage.
- Management carve outs are not permitted.

Census Data- required to obtain a quote for all products

- Census data must be provided on all eligible (and COBRA eligible) employees and includes name, age/date of birth, date of hire, gender, dependent status, and residence zip code.
- Retirees are not eligible.

COBRA Eligible

- COBRA eligible should be included and noted on the census. They will be used to determine participation guidelines.
- Family Health Statements must be provided on COBRA individuals along with the rest of the group.
- Date COBRA coverage began and the length of eligibility will be required at time of enrollment.

Cut Off Dates

- Groups with 1 to 50 eligibles must have all completed paperwork into Aetna Underwriting 1 business day prior to the requested effective date. If not received by this date, the effective date will be moved to the next month.

Dependent Eligibility

- Eligible dependents include an employee's spouse and unmarried dependent children up to the limiting age of the plan (ages 19 or 23 if fulltime student).
- Domestic Partners are not considered eligible dependents.
- Individuals cannot be covered as an employee and dependent under the same plan, nor may children eligible for coverage through both parents be covered by both under the same plan.
- Dependents must enroll in same benefit options as the employee.

Dual Product Option

- The plan selections are limited to one HMO and one QPOS. The only valid combination of HMO and QPOS are:
 - HMO Option 1 alongside QPOS Option 2 or Option 3
 - HMO Option 2 alongside QPOS Option 3 or
 - HMO Open Access Option 1 alongside QPOS Option 3

Effective Date

- The effective date will be the 1st or the 15th of the month.
- The effective date requested by the employer may be up to 60 days in advance.

Employer Contributions

- We strongly recommend groups with less than 10 eligible lives, the employer contribute 100% of the employee only cost or 50% of the total cost of the plan.
- We strongly recommend groups with 10 to 50 eligible lives, the employer contribute at least 50% of employee only cost or 50% of the total cost of the plan.

Employee Eligibility

- Eligible employees are those employees who are permanent and work on a full-time basis with a normal work week of at least 30 hours, and who have met any authorized waiting period requirements.
- This includes a sole proprietor, a partner of a partnership or an independent contractor/1099 if included as an employee under the health benefit plan of a small employer, .
- Coverage must be extended to all employees meeting the above conditions, unless they belong to a union class excluded as the result of a collective bargaining arrangement.

Note: State and Federal Legislation/Regulations, including Small Group Reform and HIPAA, take precedence over any and all Underwriting Rules. Exceptions to Underwriting Rules require approval of Head Regional Underwriter except where Chief Underwriter approval is indicated.

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Underwriting Guidelines For Groups with 1 to 50 Eligible Employees Connecticut

- Employees who do not meet the definition of a permanent full-time employee will not be eligible, (e.g. Leased, part-time, temporary, seasonal or substitute employees)
- CT Small Group reform excludes union employees who are covered by a collective bargaining agreement.

Employer Eligibility

- Medical plans can be offered to sole proprietorships, partnerships, corporations or self-employed individuals.
- Organizations must not be formed solely for the purpose of obtaining health coverage.
- Associations, Taft Hartley groups, Professional Employers Organizations (PEO)/employee leasing firms must be written individually and are not eligible to be combined for purposes of obtaining health coverage. A copy of the certificate of fictitious name should be provided.
- Submission of the most recent UC-5A and Employer Verification Form, which must contain the names, salaries, etc. of all employees of the employer group.
 - If there are employees, who have the same last name, provide a W-2 for each employee or the UC-5A should include both individuals listed as separate employees.
 - Employees who have terminated or work part-time should be noted accordingly on the Census.
 - Employees not listed on the UC-5A should have a W4 or payroll stub sent in with the request for coverage.
- If a UC-5A is not available – submit one from Category 1 and one from Category 2:

Category 1	Category 2
<ul style="list-style-type: none"> ➤ IRS 1040 Schedule C or F ➤ IRS 1065 – Partnership Income ➤ 1099 – Payment of Independent Contractor ➤ IRS 2106 – Employee Business Expense ➤ IRS 1120 – Corporate Income ➤ IRS 941 – Not for profit use only ➤ IRS 990 – Return of organization Exempt from Tax 	<ul style="list-style-type: none"> ➤ Articles of Incorporation ➤ Partnership Agreement ➤ Current Business, state or occupational (not professional) license ➤ Leases and other contracts

Employer Financial Conditions:

- Coverage will not be provided to groups that are not in sound financial condition.
- Dun & Bradstreet reports may be reviewed for financial soundness.
- Current carrier bill with billing summary will be required, group must be no more than one month in arrears on payments (i.e. current month only may not yet be paid).
- Groups that have been terminated for non-payment by Aetna will not be eligible to reapply until 12 months after the date of termination.

Initial Premium Check

- The initial premium check is not a binder check and does not bind Aetna to provide coverage.
- If the request for coverage is denied due to business ineligibility, participation and/or contributions not met, or other permissible reasons, a refund check will be returned to the employer.
- An initial premium check equal to one-month premium must accompany application.
- Checks must be on company check stock, (personal checks and cashier’s checks are not acceptable).

Late Applicants

- Late applicants will be enrolled as of the date the individual requests coverage subject to 31 days from the date of receipt of the application. Pre-existing condition limitations will apply.
(Example: Application signed 1/1 requesting 1/1 effective date, received by underwriting on 7/1, earliest effective date will be 6/1.)

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Newly Formed Business

A company must have been in business for a minimum of 6 months to be eligible for coverage and must provide the following documentation for consideration:

- Payroll records or letter from attorney or Certified Public Accountant listing the names of all employees and number of hours worked each week; and
- Tax I.D Number

Option Sales

- It is strongly recommended that Aetna be the sole carrier for groups with 2 – 19 eligiblit employees.

Participation

- For Groups with 1-9 eligible – 100% participation excluding spousal waivers – must enroll in Aetna’s plan
- For Groups with 10+ eligible – 75% participation excluding spousal waivers – must enroll in Aetna’s plan
- Including waivers – 50% must enroll in Aetna’s plan.

Probationary Period

- It is the employer's decision whether or not to impose a probationary period.
- There may be only one probationary period per group.
- This must be consistently applied within a class of employees.
- It may match current carrier’s probationary period between the first of the month next following employment and 12 months. Changes allowed on anniversary only.

Producers

- Only appropriately licensed Agents/Producers appointed by Aetna may market, present, sell and be paid commission on the sale of Aetna Products.
- All quotes are subject to change based upon additional information that becomes available in the quoting process and during the case submission/installation, including any change in census.

Replacing other Group Coverage

- A copy of the current billing statement that includes the account summary showing the plan is paid to the current premium due date.
- The employer should be told not to cancel any existing medical coverage until they have been notified of approval.

Retiree Eligible

- Retiree coverage is not available.

Service Areas/Commuters

- Any active employee who lives in a state other than where the company is domiciled, are considered commuters.
- In order for Aetna to accommodate commuters we must cover the active employees in the domiciled state.
- Commuters will be offered small group benefits plan applicable to their state of residence and rated accordingly.
- There must be an average of 5 employees located in each service area to be eligible for HMO Benefits. If an average of 5 employees is not met, an out of area plan will be offered to commuters outside the domiciled state.

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