

**AETNA SMALL GROUP ALTERNATE QUOTE REQUEST FORM (CT)
for New Business/Renewals - April, 2003**

(Please complete entire form, print clearly and fax to 1-609-708-5534 or e-mail to S017680@aetna.com)

| | | | |
|---|------------------------|------------------------|------------------|
| To (Aetna Contact): Small Group Quoting Center, Cranbury, NJ | | Sales Manager: | |
| From (Producer Name): | | Producer Fax #: | |
| Producer Email Address: | | | |
| Prospect (Legal Business Name): | | | |
| Full Physical Address: | | | PO Box: |
| City/Town/Zip Code: | | | |
| Type of Business: | | | SIC Code: |
| Request Date: | Effective Date: | Prior Carrier: | |

_____ Prospect
 _____ Renewal with Aetna
 _____ Group # if Existing

Is this a Requote? If yes, please complete:
 Quote ID# _____ Sequence # _____
 Did the Census Change? If yes, please provide new census and indicate changes in census box below.

| <u>Plan</u> | <u>PCP Copay</u> | <u>Spec Copay</u> | <u>SPU</u> | <u>Inpatient Hospital</u> | <u>ER Copay</u> | <u>Urgent Copay</u> | <u>RX</u> | <u>Gated/ Open</u> | <u>PPID</u> (internal use) | <u>Out Of Network</u> |
|-------------|------------------|-------------------|-------------|---------------------------|-----------------|---------------------|-----------|--------------------|-------------------------------|--|
| HMO | | | | | | | | | | |
| HMO15 | \$15 | \$20 | \$200 | \$250/d \$1000 max | \$100 | \$75 | 10/20/40 | Gated | 3129790 | |
| HMO 20 | \$20 | \$40 | \$250 | \$250/d \$1000 max | \$100 | \$75 | 10/20/40 | Open | 3131459 | |
| HMO 25 | \$25 | \$40 | \$400 | \$500/d \$2000 max | \$150 | \$75 | 10/20/40 | Gated | 3085247 | |
| HMO Hi Ded | \$30 | \$45 | \$2500/5000 | \$2500/5000 | \$150 | \$75 | 10/20/40 | Gated | 3104670 | |
| POS | | | | | | | | | | |
| 15/500 | \$15 | \$20 | \$200 | \$250/d \$1000 max | \$100 | \$75 | 10/20/40 | Gated | 3085317 | Ded \$500/1500 – Coins 80% - Coins Max \$2000/6000 |
| 15/1000 | \$15 | \$25 | \$200 | \$250/d \$1000 Max | \$100 | \$75 | 10/20/40 | Gated | 3085321 | Ded \$1000/3000 – Coins 70% - Coins Max \$3000/9000 |
| 20/1500 | \$20 | \$40 | \$250 | \$250/d \$1000 max | \$100 | \$75 | 10/20/40 | Open | 3085323 | Ded \$1500/4500 – Coins 70% - Coins Max \$3000/9000 |
| 25/1500 | \$25 | \$40 | \$400 | \$500/d 2000 max | \$150 | \$75 | 10/20/40 | Gated | 3085244 | Ded \$1500/4500 – Coins 70% - Coins Max \$5000/15000 |

CENSUS DATA PLEASE COMPLETE FOR ALL ELIGIBLE EMPLOYEES (including Waivers)

**Family Status Legend: EO employee only; ES employee & spouse; EC employee & child(ren); EF employee & family; CE covered elsewhere; NI no insurance*

| Date of Birth (mm/dd/yy) | Gender | Family Status* | Home Zip Code | Date of Birth (mm/dd/yy) | Gender | Family Status* | Home Zip Code *(Required for any non-CT resident) |
|--------------------------|--------|----------------|---------------|--------------------------|--------|----------------|--|
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* IF THE ZIP CODE FOR NON-CT EES IS NOT INCLUDED IN THE CENSUS INFORMATION, THE QUOTE CANNOT BE HONORED.