

# New Business Case Submission Checklist

(Groups of 50 or fewer eligible employees)

Broker Name \_\_\_\_\_ Agency Name \_\_\_\_\_

For questions on this submission, please contact \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email address \_\_\_\_\_

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

Prospect email address \_\_\_\_\_

## Step 1 Complete/Review Employer Application

- HMO/PPO/MC/Dental/Life Application**
- Joinder agreement** filled out for Life or Out of State Products.
- NYS-45 or other applicable tax documents (**Proof of Eligibility Form**, if owner/officer/partner not on tax form)
- Initial Premium check made payable to Aetna, Inc.
- Copy of current/prior medical carrier's latest bill with employee roster & premium summary page

## Step 2 Complete/Review Employee Enrollment/Change Form

- Employee (EE) Enrollment Form** for each employee (HMO/PPO/Dental/Life)
- Complete the Individual waiver section of the EE app for each employee waiving coverage

## Step 3 Complete/Review Broker Information

- Illustrative signed rates & copy of census (Employee Listing Report) from Aetna rating tool
- Agent/broker must be licensed in New York & appointed by Aetna

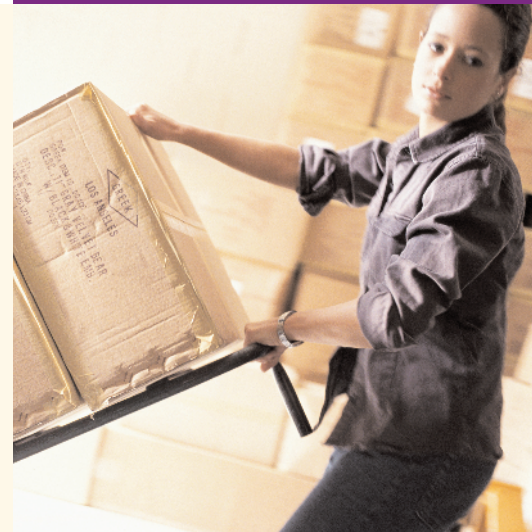
Detailed Submission Guidelines Attached.

Effective dates may be the **first or fifteenth of the month only**. We ask that all required paperwork be sent by Aetna at least **five** business days prior to the requested effective date.

To view our New York underwriting guidelines, [click here](#).

## New York

For assistance with your new case submissions, contact your Aetna Sales Manager or call us at 1-888-277-1053



Send all information to:

Aetna Small Group  
New Case Submissions  
P.O. Box 9610  
Cranbury, NJ 08512

Overnight Mail  
Aetna Small Group  
One Farr View  
Cranbury, NJ 08512

# Submission Details & Guidelines

## New York

Avoid potential delays in getting your client enrolled.

Make sure your new case submissions are complete!

### Employer Information

#### Employer Application

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

#### NYS-45 or Other Applicable Tax Documents

- Out-of-state employees require proof of employment if not identified on NYS-45
- If owner, partner, or corporate officer not listed on NYS-45, submit the Small Group Proof of Eligibility Form signed by employees & with requested documents
- If newly hired employees are not identified on the NYS-45, submit payroll report indicating compensation & taxes withheld

#### Initial Premium check made payable to Aetna, Inc.

- Company check required

#### Copy of current/prior medical carrier's latest bill

- Include employee roster & premium summary page

### Employee Information

#### Employee applications filled out by each employee

- Any alterations must be initialed and dated by employee.
- Individual Waiver Section completely filled out for each employee waiving coverage

#### Dental Submissions\*

- Employer Master Application
- Employee Enrollment Form
- First Month Premium Check Required (on company check stock) Medical, dental and Group Insurance may be submitted on one check
- Copy of illustrative dental rates & census

#### Group Insurance Submissions\*

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

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

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