

CIGNA Healthcare of New York, Inc
Small Business Underwriting Guidelines

In order to be considered for group health coverage, we must receive the following:

- ✓ Small Employer Group Application
- ✓ New York Small Employer Certification Form
- ✓ Membership Applications
- ✓ Small Employer Health Benefits Waiver of Coverage
- ✓ Rate quote generated for the group
- ✓ 1st months premium
- ✓ CAF 1 & CAF 4 Forms
- ✓ Copy of recent Premium Statement for current Health Plan
- ✓ Quarterly Wage & Tax Statement
- ✓ Late paperwork form(if submitted within 15 days of effective date)

Upon review of your application, we will notify of your groups acceptance under the Small Group Plan.

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