

Group Enrollment Checklist

**For Presale Quote Requests, e-mail
ASGQUOTEAZ_NV_WA@aetna.com
or fax to 1-866-572-1273.**

Send paperwork to:

Aetna Small Group
PO Box 24005
Fresno, CA 93779-4005

OR

Aetna Small Group Underwriting
1385 E. Shaw Ave.
Fresno, CA 93710

Step 1

Complete/review Employer Application

- Complete all pages of application in ink.
- Employer signature must be an owner or corporate officer.
- No altered applications. (New application required.)
- Applications cannot be more than 60 days old.
- Plan options indicated.

Step 2

Complete/review Employee Enrollment/Change Form

- Completely filled out by each employee in ink.
- Alterations are allowed as long as all changes are initialed and dated by the employee.
- Waivers/Declinations of coverage section completed.
 - Required for employees — indicate other group coverage. Copies of I.D. cards are needed only for the percentage needed to meet participation.
 - Required for dependents — indicate other group coverage — list dependent(s) name(s) and reason for declining.

Step 3

Provide the following information

- All Business Entities**
A copy of the firm's most recent Quarterly Wage and Tax Statement
- Sole Proprietor**
Schedule C {IRS Form 1040 C, 1040 F, 1040 SE or 1040 ES (estimated tax)}.
- Partner**
Latest filed Schedule K-1 {IRS Form 1065 Schedule K-1, 1040 SE, 1040 ES (estimated tax)}.
- Corporate Officer**
IRS Forms 1120, 1120 A or 1120 W (C-Corp & Personal Service Corp)
IRS Form 1120 S Schedule K-1 or 1040 ES (estimated tax) (S-Corp)
IRS Form 8832 (Entity Classification; for LLC's treated as a corporation)
- Limited Liability Company (LLC) Member**
Articles of Organization along with the Operating Agreement

Step 4

Complete/review Initial Premium Check

- A premium check for 100% of the first month's Medical, Dental, and Life premiums payable to "Aetna Health Inc." (A company check is required and Aetna's receipt of the check does not guarantee acceptance of the group.)

Step 5

Provide documentation of previous coverage with last premium statement

- If group coverage currently exists, a copy of the most recent prior carrier bill must be provided. Individuals contained on the bill should match those listed on the wage and tax statement. If not, please indicate on the bill why they are not on the tax and wage statement.

Step 6

Complete/review Producer and General Agent information

- Complete, sign and date the Agent Certification section of the Employer Application.
- Review Steps 1 through 5 for completion prior to submission.
- Verify underwriting guidelines were reviewed and understood.
- Submit a copy of the Aetna Quote package.
- Complete and review Aetna Agent Agreement, if applicable.

Effective dates may be the 1st or the 15th of the month only. Applications must be received in Aetna Underwriting no later than the end of business day of the requested effective date.