

# 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 \_\_\_\_\_

## 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  
3 Independence Way  
4th floor  
Princeton, NJ 08540**

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

Effective dates may be the **first or fifteenth of the month only**. All required paperwork must be received by Aetna at least **five business days** prior to the requested effective date.

All paperwork is enclosed and my submission is complete. I understand incomplete paperwork could delay the effective date of coverage.

Signature \_\_\_\_\_

We want you to know<sup>®</sup>



# 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 and with requested documents
- If newly hired employees are not identified on the NYS-45, submit payroll report indicating compensation and 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 and 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 and census

### Group Insurance submissions\*

- Employer Master Application
- Employee Enrollment Form
- First month premium check required (on company check stock)
- Group Insurance and Dental may be submitted on one check
- Copy of illustrative Life rates and 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.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies (Aetna).**

This material is for informational purposes only. Information is believed to be accurate as of the production date; however, it is subject to change.