

# 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  
One Farr View  
Cranbury, NJ 08512

### 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™



# 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.

This material is for informational purposes only and is subject to change.