



# New business case submission checklist

## Pennsylvania

### Step 1: Employer information

- Employer Application**
- Employer Medicare Application**
- UC-2 prior quarter filed report or other applicable tax documents**  
Proof of Eligibility Form, if owner, officer, partner not on tax form
- Group Medical Questionnaire**  
for groups in Southeastern PA areas, enrolling 20 – 50 employees
- Prior Carrier Renewal** for groups in Southeastern PA areas, enrolling 20 – 50 employees
- Premium check** made payable to Aetna Inc.
- Copy of current/prior medical and dental carrier’s latest bill**  
with employee roster and premium summary page and current dental Summary of Benefits
- Funding Attestation** for plans with an in-network deductible of \$1,000 or greater

### Step 2: Employee information

- Employee Enrollment Form**  
for each employee
- Medicare Enrollment Form**  
for each Medicare applicant

### Step 3: Rate information

- Illustrative rates and census**  
from Aetna rating tool. Please circle, sign and date selected plan. Include Aetna census report from quoting tool with Detailed submission guidelines attached.

Detailed submission guidelines attached.

Effective dates may be the **first or fifteenth of the month only.**

If purchasing a group Medicare plan, only the first of the month effective date is available for the entire group’s submission.

All required paperwork must be received by Aetna on the 25th of the previous month for 1st of the month effective dates and the 10th of the month for 15th of the month effective dates.

### Send all information to:

#### E-mail

BlueBellSGNBSubmissions@Aetna.com  
(e-mails must be less than 8 MB)

or

#### Mail

Aetna Small Group  
ATTN: New Business  
980 Jolly Road, Bldg 1  
Mailcode U12S  
Blue Bell, PA 19422

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**All new business forms may be accessed via Producer World® <https://www.aetna.com/producers>**

**For assistance with your new case submissions, contact your Aetna Sales Manager or call us at **1-877-28-AETNA (1-877-282-3862).****

For questions on this submission, please contact \_\_\_\_\_  
Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

# Submission details and guidelines

## Employer information

### Employer application

- Employer signature must be an owner or corporate officer
- Premium Percentage (%) paid by employer
- Employee Eligibility Section: Complete grid counting all company employees and answer all other questions
- Broker/agent information completed, signed, and dated in appropriate section
- Applications will not be accepted more than 60 days from date signed

### Employer Medicare application

- Complete and sign if any employees are electing Aetna Medicare plan
- Only first of the month effective dates available for the entire group's submission

### Funding attestation

- Complete and sign for all groups electing medical coverage

### UC-2 prior quarter filed report or other applicable tax documents

- Part-time, terminated, seasonal or temporary employees must be marked, signed, and dated by the employer on the wage and tax report.
- For seasonal industries such as Lawn and Garden Services, Golf Courses, Farm Laborers, etc., four (4) consecutive quarters of wage and tax reports may be requested by underwriting
- All enrolling employees must be represented on the wage and tax form or included on a quarterly payroll report
- Out-of-state employees require proof of employment if not identified on UC-2

- If owner, partner or corporate officer is not listed on UC-2, submit the Small Group Proof of Eligibility Form signed by employees and applicable tax documents listed on form
- If newly hired employees are not identified on the UC-2, submit two (2) consecutive payroll reports indicating compensation and taxes withheld

### Premium check made payable to Aetna Inc.

- First month premium check (on company stock) may be submitted on one check for Medical, Group Insurance, Dental and Medicare

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

- Include employee roster and premium summary page

## Employee information

### Employee applications completed and signed by each employee

- All pages of enrollment form required
- Any alterations must be initialed and dated by employee
- In Individuals Covered section, complete all fields including height and weight
- Declination/waiver section completed by each employee waiving self, spouse or dependent coverage

### Dental submissions (in addition to items under Employer information section)

- Copy of illustrative Dental rates and census
- Copy of Summary of Benefits for the customer's current dental plan, if applicable
- All pages of enrollment form required

### Group Insurance submissions (in addition to items under Employer information section)

- 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

### Medicare information (in addition to items under Employer information section)

- Effective date of all plans must be first of the month
- Group Medicare Enrollment Form
- Illustrative rates with plan indicated and employer signature

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Avoid potential delays in getting your client enrolled.

Make sure your new case submissions are complete!



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