

# Group Enrollment Checklist

For Quotes email [IL-MI-Quotes@aetna.com](mailto:IL-MI-Quotes@aetna.com)  
For Prescreens email [IL-MI-Prescreens@aetna.com](mailto:IL-MI-Prescreens@aetna.com)  
For Sold Cases email [IL-MI-Sold@aetna.com](mailto:IL-MI-Sold@aetna.com)  
or fax to 866-692-3531

Send New Business paperwork to:

Aetna Small Group Underwriting  
Third Floor, Mail Stop F434  
841 Prudential Drive  
Jacksonville, FL 32207

## Step 1

### Complete/review Employer Application

- Complete all pages of application in ink.
- Employer signature must be an owner or corporate officer.
- Alterations are allowed as long as all changes are initialed and dated by the employee.
- 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.
  - Provide reason for declining coverage.
  - The employee must sign and date the waiver section.
  - Required for employees – Provide carrier name if due to other coverage.

## Step 3

### Provide the following information

- Copy of most recent Quarterly Wage and Tax Statement (QWTS) containing the names, salaries, etc., of all employees of the employer group.
  - Employees who have terminated or work part-time must be noted accordingly on the QWTS. Any handwritten comments added to the QWTS must be signed and dated by the employer. This may be requested at the discretion of the underwriter.
  - Newly hired employees not listed on the QWTS must provide the first and last payroll stub for each employee on a payroll register.
- Sole Proprietor, Partners or Corporate Officers not reported on the Quarterly Wage and Tax form must submit a copy of their prior year tax return.
- Owners or partners not listed on the quarterly tax return must provide a copy of their prior year tax return.

## Step 4

### Complete/review Initial Premium Check

- A check for 100% of the first month's Medical, Dental and Life premiums (per the Rating Guide/Disk provided) payable to "Aetna Health of Illinois Inc." (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 Broker and General Agent information

- Complete, sign and date the Agent/Broker 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.

All new business submissions must be received in our Jacksonville office at least 5 days prior to the requested effective date.

Any cases received after the cut-off date will be considered on an exception basis only, as approved by the Underwriting Unit Manager.

