



Aetna Small Group (2-100) Quote Cover Sheet

| | | | |
|--|--|---|---------------------|
| Which product would you like to quote? <input type="checkbox"/> AFA <input type="checkbox"/> 51-100 Fully-Insured | | Would the group like a 15 month contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Only available for 12/1 and 1/1 effective dates in AZ, CO, FL, GA, IA, ID, IL, KS, KY, LA, ME, MI, MN, MO, MS, NE, NJ, NV, OH, OK, TN, TX, UT, WI and WY | |
| Group Legal Name | | Effective Date | SIC |
| Physical Address | | City, State | ZIP Code |
| Full-Time Equivalent (FTE) or Total Average Employees (TAE) | | Eligible Employees | Enrolling Employees |
| Number of early retirees eligible for coverage < age 65 _____ > age 65 _____ | | Number of COBRA continuees enrolled in current plan | |
| Affinity Organization Name (if applicable) | | | |
| Current Carrier Name and Years with Carrier | | Current Funding Type <input type="checkbox"/> Fully Insured <input type="checkbox"/> Self Funded <input type="checkbox"/> No Prior Coverage | |
| Does the group have a co-employer relationship with a company/PEO? <input type="checkbox"/> No <input type="checkbox"/> Yes – Medical Coverage <input type="checkbox"/> Yes – Admin. Only | | Does the group fund any portion of the deductible? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount: _____ | |

Broker Information

| | | | |
|--|--|--------------|--|
| Broker Name | | Agency Name | |
| Broker/Agency TIN or NPN | | Address | |
| Email Address | | Phone Number | |
| Broker of Record <input type="checkbox"/> Yes <input type="checkbox"/> No | | Broker Fee | |

General Agent Information (if applicable)

| | | | |
|---------------------------|--------------|---------------------|--|
| Contact Name | | General Agency Name | |
| General Agency TIN or NPN | Phone Number | Email Address | |

Submit to Aetna: SmallGroupUWQuotes@AETNA.com

Please include the following:

| |
|--|
| <input type="checkbox"/> Member Level Census |
| <input type="checkbox"/> Carrier documented Renewal containing both current and renewal rates (<i>Required for 2-50 Self-Funded groups and all 51-100 groups</i>) |
| <input type="checkbox"/> Current Plan Designs or current Summary of Benefits for all plans (<i>Required for 2-50 Self-Funded groups and all 51-100 groups</i>) |
| <input type="checkbox"/> Claims experience to include detailed aggregate claims and the Large Claims Report from current policy period <ul style="list-style-type: none"> • <i>Required if currently self-funded in any state or 51-100 fully-insured in Arkansas, Georgia, Maine, Nevada, Oklahoma or Texas.</i> • <i>TX domiciled employers with 25-100 enrolling employees that are currently fully-insured must provide HB2015 claims (Tier I & Tier II).</i> |
| <input type="checkbox"/> Proof of Affinity Organization membership (if part of a participating Affinity Organization) |

Individual Medical Questionnaires (IMQs):

We may require Individual Medical Questionnaires (IMQs) for your group. You can review our IMQ requirements in our Small Group Underwriting Guidelines on Producer World - as well as the support options we offer to make IMQs easier.