



Aetna Funding Advantage Under 50 New Sale Notification

Group Information

Legal Business Name		DBA Name (If Applicable)		
Effective Date	Federal Tax ID		Number of Eligible Employees	
Street Address		City	State	Zip
Company Contact Name	Company Contact Phone		Company Contact Email	
Is the group purchasing dental and/or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the group offer a Joint Venture (JV) AFA plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which JV?			

Agency 1 Information

Agency Name		Selling Agent Name		
Street Address		City	State	Zip
Broker Tax ID/NPN		Percent Commission		
Admin Contact		Admin Contact Email - Or Broker Email If No Admin		

Agency 2 Information (If Applicable)

Agency Name		Selling Agent Name		
Street Address		City	State	Zip
Broker Tax ID/NPN		Percent Commission		
Admin Contact		Admin Contact Email - Or Broker Email If No Admin		

General Agent Information (If Applicable)

General Agency Name		Selling Agent Name		
Street Address		City	State	Zip
GA Tax ID				
Admin Contact		Admin Contact Email		

Aetna Information

Aetna Sales Representative	Aetna Sales Support Contact
----------------------------	-----------------------------