

## SUBMISSION CHECKLIST

**1 - 100 FULL-TIME EQUIVALENT EMPLOYEES**

**PLEASE NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines for a complete list of requirements. Please use the latest version of forms.**

Our goal is to process your new group enrollment easily and efficiently in order to provide you and your client with a quick approval. The following list outlines the health plan's case submission requests:

- ☐ **Employer Application**
- ☐ **Employee Applications – Application or eList Tool**
  - **Application** for eligible employees enrolling or waiving health coverage.
  - Waivers must be included in the eList with the reason for leaving.
  - **eList Tool**
  - Must have macros enabled prior to entering data and completed in full.
  - Do not amend the eList Tool form in any manner.
  - When you use the tool, do not send the employee enrollment forms. All the required information must be entered into the eList Tool.
- ☐ **ACA Banking Consent Form.**
  - ACA Banking Consent form - the form must be fully completed, payment will be deducted when case is approved.
  - Payment by live check is no longer accepted.
- ☐ **Wage and Tax Statement**
  - A Quarterly Wage and Tax Statement (QWTS) must be provided for the following groups:
    - 1 to 5 enrolled employees
    - 6 to 100 employees with:
      - no current health coverage
      - more than 10% of the employees are located outside of California
      - more than 20% are COBRA/CalCOBRA enrollees
      - associated, affiliated, multiple companies
  - In order to satisfy the small employer requirements for proof of eligibility, the most recent IRS tax documents and the entity formation documents are required (if the owner is not on QWTS or payroll). Supporting tax documentation required on sole proprietors and officers.
  - There must be at least one enrolled W-2 employee who is not an owner and not the owner's spouse/domestic partner.
- ☐ **Dental Benefit Summary to receive credit for major and orthodontic coverage (if elected)**
- ☐ **Illustrative quote with sold plan(s) marked**
- ☐ **PCP selection (primary office ID number) required for Aetna Health Network HMO and is optional for HNOption plan**
  - Members will not be enrolled without a PCP (when required).

Effective dates may be the 1st or 15th of the month.

Effective Date	Submission deadline
1st of the month	10th of the month
15th of the month	25th of the month

- ☐ The ACH banking agreement is the most efficient way to pay the premium, other options are available. Completion of this form will help speed up the process of the final review of your group.

**After approval, prior carrier termination letter must be submitted by the employer or broker.**

**Important Reminder:** To help your client comply with ACA requirements, provide a copy of the appropriate Summary of Benefits and Coverage (SBC) to each employee at the Enrollment Meeting, via email or by posting on an internal company website. For the most recent information regarding Aetna's SBCs, contact your Word & Brown representative.