

New Business Case Submission Checklist

(Groups of 50 or fewer eligible employees)

Broker Name _____ Agency Name _____

For questions on this submission, please contact _____

Phone () _____ Fax () _____

Email address _____

Prospect/Client Name _____

Prospect email address _____

Step 1

Complete/Review Employer Application

- HMO/PPO Application**
- Certification Form**
- Dental/Life Application**
- Joinder agreement** filled out for Life or Out of State Products.
- WR-30 or other applicable tax documents (**Proof of Eligibility Form**, if owner/officer/partner not on tax form)
- Initial Premium check made payable to Aetna, Inc.
- Copy of current/prior medical carrier's latest bill with employee roster & premium summary page

Step 2

Complete/Review Employee Enrollment/Change Form

- Employee (EE) Enrollment Form** for each employee (HMO/PPO)
- Dental (EE) Enrollment Form**
- Group Insurance (EE) Enrollment Form**
- Waiver Form** for each employee waiving coverage

Step 3

Complete/Review Broker Information

- Illustrative signed rates & copy of census (Employee Listing Report) from Aetna rating tool
- Agent/broker must be licensed in New Jersey & appointed by Aetna

Detailed Submission Guidelines Attached.

Effective dates may be the **first or fifteenth of the month only**. We ask that all required paperwork be sent by Aetna at least **five** business days prior to the requested effective date.

To view our New Jersey underwriting guidelines, [click here](#).

New Jersey

For assistance with your new case submissions, contact your Aetna Sales Manager or call us at 1-888-277-1053



Send all information to:

Aetna Small Group
New Case Submissions
P.O. Box 9610
Cranbury, NJ 08512

Overnight Mail
Aetna Small Group
One Farr View
Cranbury, NJ 08512

Submission Details & Guidelines

New Jersey

Avoid potential delays in getting your client enrolled.

Make sure your new case submissions are complete!

Employer Information

Employer Application

- Employer signature must be an owner or corporate officer
- Number of eligible and enrolled employees
- Premium percentage paid by employer
- Indicate selected products in Section II — Specifications for Coverage
- Complete grid for any employee/dependent health continuations (e.g., COBRA continuation)
- Applications will not be accepted more than 60 days from date signed

WR-30 or Other Applicable Tax Documents

- Out-of-state employees require proof of employment if not identified on WR-30
- If owner, partner, or corporate officer not listed on WR-30, submit the Small Group Proof of Eligibility Form signed by employees & with requested documents
- If newly hired employees are not identified on the WR-30, submit payroll report indicating compensation & taxes withheld

Initial Premium check made payable to Aetna, Inc.

- Company check required

Copy of current/prior medical carrier's latest bill

- Include employee roster & premium summary page

Employee Information

Employee applications filled out by each employee

- Any alterations must be initialed and dated by employee.
- Individual Waiver Section completely filled out for each employee waiving coverage

Dental Submissions*

- Employer Master Application
- Employee Enrollment Form
- First Month Premium Check Required (on company check stock) Medical, dental and Group Insurance may be submitted on one check
- Copy of illustrative dental rates & census

Group Insurance Submissions*

- Employer Master Application
- Employee Enrollment Form
- First Month Premium Check Required (on company check stock)
- Group insurance & dental may be submitted on one check
- Copy of illustrative life rates & census if term life selected
- Individual Health Statement required if selecting life amount in excess of Guaranteed Issue amount
- Completed Joinder Agreement

*If submitting standalone dental or life submission, tax documents and copy of prior carrier's bill are also required.

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