



# Aetna 51-100 Group Prescreen Request

## DC, Maryland, Virginia

|   |                               |   |
|---|-------------------------------|---|
| Group Name  |                               | Effective Date  |
| Address   |                               | City, State   |
| ZIP Code  |                               |   |
| Number of Eligible Employees  | Number of Enrolling Employees | Number of Employees not Enrolling with a Valid Waiver   |
| Are Early Retirees <65 eligible for coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, how many are covered? _____ |                               | Are Early Retirees >65 eligible for coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, how many are covered? _____ |
| Are they offered the same benefits as full time?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe benefits: _____  |                               | Are they offered the same benefits as full time?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe benefits: _____  |
| Current number of COBRA continuees enrolled in the current plan: _____  |                               |   |
| Has group been insured with Aetna? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide group/control number _____        |                               |   |
| Number of years with Current Carrier: _____   |                               | Number of carriers in the past 3 years: _____   |
| SIC Code  | Nature of Business            |   |

What was the TAE for previous calendar year? \_\_\_\_\_

Count any employee receiving a W-2. This includes full time, part-time, and seasonal workers who may or may not have been eligible for your medical coverage. (This does not include 1099 independent contractors.)

When calculating the average, consider all months of the previous calendar year, regardless of whether you had coverage with Aetna or another carrier or no coverage at all.

Add each month's number to get an annual total, and then divide by 12. (For example: 253 / 12 = 21.) Round up or down to the nearest whole number. (Examples: 24.6, round up to 25; 24.3, round down to 24.)

### Requested Products

|  |   |  |
|--|---|--|
| <b>Medical:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Basic Life:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Supp Life:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Dental:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>STD:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No        | <b>LTD:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No       |

### Broker Information

|                    |                   |                |
|--------------------|-------------------|----------------|
| Broker/Agency Name | Broker/Agency TIN | Contact Name   |
| Telephone Number   | Fax Number        | E-mail Address |

### General Agent Information (if applicable)

|                     |                    |                |
|---------------------|--------------------|----------------|
| General Agency Name | General Agency TIN | Contact Name   |
| Telephone Number    | Fax Number         | E-mail Address |

**It's as easy as 1, 2, 3, 4 . . . simply submit:**

1. Copy of current invoice
2. Current Rates & Plans
3. Renewal Rates & Plans on carrier paper
4. Member level census in Excel (Census must include first name, last name, date of birth, gender and home ZIP Code for all employees and dependents. It must also include the work ZIP Code for all employees.)

**And Email to Aetna      SERFP51-100@Aetna.com**

**Prescreen submissions should be received in Aetna:**

- 15<sup>th</sup> of the prior month for a 1<sup>st</sup> of the month effective date; and
- 1<sup>st</sup> of the month for a 15<sup>th</sup> of the month effective date.

**Aetna will provide medically underwritten rates that will not change unless the final census, eligibility, medical conditions or funding certification information is not supplied or changes.**

Out-of-state employees residing in Louisiana are required to have a separate plan quoted and sold based on Louisiana rates and benefits. These employees are still underwritten as part of the group; however, the plans and rates for the Louisiana members will not be based on where the employer is located. Louisiana requires a state specific Master Application and Employee Application to be completed.