



Small Group Enrollment CHECKLIST - COLORADO

Name of Business

Agent /Broker Name

Employer/Company Application

- 1. Complete all pages of application. Applications must be completed in the applicant's own handwriting in black ink (no pencil). Typewritten applications will not be accepted.
- 2. Employer signature must be an owner or corporate officer who is eligible to contract for coverage
- 3. No altered applications. All changes must be initialed and dated by the employer.
- 4. Applications cannot be more than 60 days old. (If so, new applications will be required.)
- 5. Employer Application, GR-96241-CO (12/03)

Employee Enrollment Application

- 1. Completely filled out by each employee.
- 2. Signed by the employee.
- 3. No alterations allowed (must be initialed and dated by eligible employee).
- 4. Proof of prior coverage for employees not on prior carrier's bill roster.
- 5. Verify COBRA continuees' qualifying event and date are provided.
- 6. Waivers / Declinations of coverage section must be completed for all employees waiving/declining coverage.
 - > Required for employees - Copies of ID cards are required for all employees declining coverage. Or, provide the carrier name, telephone number and group number.
 - > Required for dependents - list name(s), type of coverage and reason for declining.

Broker Forms

- 1. If not appointed, submit an Individual & Small Group Business Application for Appointment, Individual & Small Group Business Agent Agreement, W-9, proof of E&O coverage (minimum of one million dollars), and a copy of license.
- 2. If you are not appointed under the small group agreement, the new commission schedule will not be paid until you are appointed. If you become appointed after the effective date of the group, the new commissions schedule will become effective at the next renewal of the group. To obtain a small group agreement contact Lisa Wright-Schmidt at [303-503-4308](tel:303-503-4308) or wrightschmidtl@aetna.com.

Rate Quote

- Include a copy of the complete rate quote(s) including rates, plan design, and group census signed by the employer. Rates must match the enrollment reported and effective date. If discrepancy exists include supporting documentation.

Effective Date

- 1. Effective dates will be the 1st or 15th of the month only.
- 2. If anything is omitted or incomplete, the case will automatically be assigned a later effective date.
- 3. When replacing an employer sponsored group plan, the effective date must coincide with the premium date of the other carrier, without regard to the grace period. For example, if the other plan has a premium date of the first, the Aetna plan will be effective on the first and not the 15th.

Replacement Data

- 1. If currently covered under a group health plan, provide a copy of the most recent prior carrier bill, including account summary. Individuals on the bill should match those listed on the wage and tax statement.
- 2. The employer should be told NOT to cancel any existing Health Insurance until you have been notified by underwriting that coverage has been approved.

Underwriting Requirements

- 1. Copy of most recent Quarterly Wage and Tax Statement (QWTS) including the list of names, salaries, etc., of all employees of the employer group.
 - > If there are employees who have the same last name, provide W-2 form for each employee.
 - > Employees who have terminated and work part time must be noted.
 - > Any handwritten comments added to the QWTS must be signed and dated by the employer.
 - > Employees not listed on the QWTS should submit a W4, and the first and last payroll stub for each employee.
 - > If the group is not required to file a QWTS, one document from Category 1, and one from Category 2 is required for us to consider in establishing group eligibility.

Category 1

- Schedule C or F from the IRS 1040
- IRS Form 1120 - Corporate Income
- IRS Form 941 - Not for Profit use only
- IRS Form 1065 - Partnership Income
- IRS Form 2106 - Employee Business Expense
- IRS Form 990 - Return of Organization Exempt from Tax
- IRS Form 1099 - Payment of Independent Contractor

Category 2

- Articles of incorporation
- Partnership agreements
- Current Business, State or Occupational License
- Affidavits from the customers or suppliers of the small employer
- Personal records of receipts, expenditures, invoices, suitable for audit
- Leases and other contracts

- 2. Verify employee participation requirements are met.
- 3. Verify husband and wife employees covered separately.
- 4. Verify employer premium contribution requirements are met.
- 5. If STD is being requested, provide proof of workers' comp.

Initial Premium

- A check for 100% of the first month's medical, dental, STD and life premiums (per the Age Banded Rate Table or Aetna Proposal) payable to "Aetna Inc." Aetna's receipt of the check does not guarantee acceptance of the group.

Applications for groups with 2 to 50 eligible employees must be received by Aetna 5 business days prior to the requested effective date. Applications for groups of one must be received in Aetna Underwriting by the 5th of the month prior to requested the effective date.

Send all enrollment materials directly to Aetna at one of the addresses listed below.

Aetna • Small Group Underwriting — F602 • P. O. Box 2510 • Jacksonville, FL 32231

Aetna • Small Group Underwriting — F602 • 4th Floor • 841 Prudential Drive • Jacksonville, FL 32207