



Aetna 51-100* Group Prescreen Request

Delaware, New Jersey, New York, Pennsylvania, West Virginia

Group Name		Effective Date
Address		City, State
ZIP Code		
PA Groups ONLY - * Average Total Number of Employees (ATNE)/Total Average Employees (TAE) count in previous calendar year (see 11/14/2013 Broker Briefing on calculation)? _____		
Number of Eligible Employees?	Number of Enrolling Employees?	Number of Valid Waivers?
Are Early Retirees <65 eligible for coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many are covered? _____	Are Retirees >65 eligible for coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many are covered? _____	
Are they offered the same benefits as full time? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe benefits: _____	Are they offered the same benefits as full time? <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 and line of coverage. _____		
Does the group fund any portion of the deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How much? _____		
SIC Code:	Nature of Business:	

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 easy . . . simply submit:

1. Individual Medical Questionnaire (for groups enrolling < 25 Members)
2. Current Rates & Plans
3. Renewal Rates & Plans
4. Prior Carrier Bill Roster & Summary
5. Complete census for all eligible Employees, Dependents, Waivers and COBRA participants in Excel: Include First and Last Names, Dates of Birth, Home and Work ZIP codes, Genders, Medical Tiers, and Cobra.
6. Claim experience, if available

➔ **Email THIS Form and all information above to Aetna:** NE51-100QuotesPrescreens@aetna.com

Prescreen submissions should be received in Aetna by:

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

Underwriting may request additional information for groups that present a unique risk profile not addressed by our standard data requirements above.