

## New business checklist

### California 1 - 100 Full-Time Equivalent Employees

#### It's so easy

To help ensure the underwriting of your case is quick and easy, we are providing this simple checklist

**Enrollment forms, eList Tool and Underwriting Guidelines are all available on Producer World at <https://www.aetna.com/producer/SmallGroup/>**

- 1. Employer Application**
- 2. Employee Applications – Application or eList Tool**
  - **Application** for eligible employees enrolling or waiving health coverage.
  - Waivers may be submitted in a separate excel waiver listing with the reason for waiving included.
  - **eList Tool**
  - Must have macros enabled prior to entering data and completed in full.
  - Do not amend the eList Tool format 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.
- 3. Copy of Initial Premium check payable to Aetna or ACH Form**
  - ACH form- the form must be fully completed including the amount of the ESTIMATED PREMIUM. Payment will be deducted when case is approved.
  - Payment by check - submit a COPY of the check with the group. Do not send the check to Aetna until the group is approved. Upon approval you will be notified to send the check to the Bank lockbox.
- 4. Wage and Tax Statement**
  - A Quarterly Wage and Tax Statement (QWTS) must be provided for the following groups:
    - 1 to 19 enrolled employees
    - 20 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
  - Sole proprietors, partners, and officers not listed on the QWTS are not required to submit tax documents; underwriter may request if needed.
  - There must be at least one enrolled W-2 employee who is not an owner and not the owner's spouse.
- 5. Dental Benefit Summary - to receive credit for major and orthodontic coverage**
- 6. Illustrative quote with sold plan(s) marked**

#### Send all enrollment materials to:

E-mail: [ACANBUSoldCaseSubmission@aetna.com](mailto:ACANBUSoldCaseSubmission@aetna.com)

There is a 5MB limit when sending via email

Secure File Transport (FTP):

**<https://st3.aetna.com>**

To obtain access to the FTP server, visit us at Producer World. There is no size limit.

#### Overnight and Regular Mailing Address for New Business cases only

Aetna  
841 Prudential Drive  
Mail Code F434  
Jacksonville, FL 32207

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

Effective Date	Submission deadline
1 <sup>st</sup> of the month	1 <sup>st</sup> of the month
15 <sup>th</sup> of the month	15 <sup>th</sup> of the month

Any missing information may result in the effective date being moved forward to the next available date

**For help with your new case submissions contact your ACA New Business Unit at [ACANBUBrokerSupport@aetna.com](mailto:ACANBUBrokerSupport@aetna.com) or call us at 1-844-241-0209**

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