

PROFESSIONAL GROUP PLANS, INC. Specializing in Employee Benefits

Aetna Healthcare New York MC New Business Submission Checklist

- ____ Underwriting Checklist Form- NY
- ____ Small Group Application
- **____** Employee Enrollment Form(s)

____ Waiver Form(s)

- ____ Signed Quote or Rate Sheet
- ____ NYS-45 Form
- ____ Proof of Eligibility Form (For Owners or Officers)
- <u>Most Current Prior Carrier Bill</u>
- **_____ First Month's Premium Check Payable to :** Aetna
- **_____ Forms Must Be Submitted to PGP Office** 6 business days prior to effective date.

If you have any questions, please contact your PGP representative.

Updated 8/28/08