



**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)
- ☐ **Most Current Prior Carrier Bill**
- ☐ **First Month's Premium Check Payable to :
Aetna**
- ☐ **Forms Must Be Submitted to **our** Office**
6 business days prior to effective date.
If you have any questions please contact us

Updated 8/28/08