



Aetna Funding Advantage Under 50*

Quote Cover Sheet

Group Legal Name		Effective Date(s)	
Address		City, State	Zip Code
Total Average Employees	Eligible Employees	Enrolling Employees	
Current Carrier	Currently Self-Funded or Level-Funded <input type="checkbox"/> Yes <input type="checkbox"/> No	SIC	

Broker Information

Broker Name		Agency Name	
Broker/Agency TIN or NPN	Phone Number	Fax Number	
Email Address		Broker Fee	

General Agent Information (if applicable)

Contact Name		General Agency Name	
General Agency TIN	Phone Number	Fax Number	Email Address

- Would the group like a 15 month contract? **

Submit to Aetna: AFASmallGroupQuotes@AETNA.com

Please include the following:

- Member Level Census
- Current carrier renewal offer (if currently self-funded)
- Claims experience for last 12 months and large claims report (if currently self-funded)
- Benefits summary (if currently self-funded)

*2 to 50 in GA/KS/MO/PA/S.IL/TX/VA, 2 to 100 in N. IL/OH, 5 to 100 in CO/CT/KY/LA/MA/NJ/RI/SC/TN, 10 to 50 in NV, 20 to 100 in NC

**Only available for 12/1 and 1/1 effective dates in AZ, CO, FL, GA, IA, ID, IL, KY, LA, ME, MI, MN, MO, MS, NE, NJ, NV, KS, OH, OK, TN, TX, UT, WI and WY