



# Group Enrollment Checklist (51-100 Employees)

Email Completed Paperwork to:  
nbsub@tbsmga.com

Mail Completed Paperwork to:

155 108<sup>th</sup> Ave NE, Suite 800, Bellevue, WA 98004

www.tbsmga.com / Main: 425-777-4650

## AETNA MEDICAL, DENTAL, AND LIFE PLANS

- 1<sup>st</sup> Month Premium for Aetna & LifeMap Plans** – Please provide the first month estimated check payable to Total Benefit Solutions with the groups submission paperwork. We can also accept a completed ACH for the first month's premium.
- Aetna Master Application** - Please complete and make sure to be signed/dated by the group representative and broker.  
\_\_\_ Please be sure to enter date business was established and the business TIN.
- Business License** - Provide only if group has a DBA. Full legal name must be on Aetna's Master Application.
- Notice of Late Submission form** - Aetna requires paperwork to be submitted 10 business days prior to the requested effective date. If a group is submitted after this deadline TBS requires the Notice of Late Submission signed by the broker and group representative.
- Final Rates Page (Plan Sponsor Signature Page)** - Provide the plan sponsor signature page from the sold quote with the plans elected marked with an "X". This form will need to be marked age banded or composite. This must also be signed and dated by the group representative.
- Employee Enrollment Forms or Enrollment Census** - In addition to the coverage selection and employee and dependent information, all forms must include:  
\_\_\_ Physical home address is *required* to verify residency. No P.O. box numbers.  
\_\_\_ Employee Waiver Forms (eligible employees declining coverage must provide waiver on Aetna's enrollment census)  
\_\_\_ COBRA Enrollment Forms (active COBRA participants must be enrolled with all other active employees) Aetna reserves the right to deny coverage to late submissions.
- Domestic Partners** must complete the Declaration of Domestic Partnership if not registered with the State of Washington.

## VSP PLANS

- VSP VISION PLANS**
  - \_\_\_ Complete VSP Master Application
  - \_\_\_ Complete VSP Employee Enrollment Census Form
  - \_\_\_ 1<sup>st</sup> month premium check is NOT required

*\* Please note that all required Aetna documents must be signed by the same group representative*