



Group Enrollment Checklist (2-50 Employees)

Email Completed Paperwork to:
nbsub@tbsmga.com

Mail Completed Paperwork to:
155 108th Ave NE, Suite 800, Bellevue, WA 98004

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

AETNA MEDICAL, DENTAL, AND LIFE PLANS

- 1st 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 - Notice of Late Submission form** - Aetna requires paperwork to be submitted by the 10th of the month 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.
- Schedule K1 (Form 1065)** - Need for Sole Proprietors, Partners or Corporate Officers that are not reported on the QW&T Statement.
- Quarterly Wage and Tax Statement** – Required for groups enrolling **19 or less employees** or for any groups enrolling **2 to 50 employees without prior medical coverage**.
___ Validate all employees listed as either enrolling, waiving, part time or terminated along with the date or termination
___ If any enrolling employees do not appear on the QT&W statement write in their name and date of hire on the statement.
___ If employees do not show having worked the required hours, provide the last two consecutive weeks of payroll records inclusive of hours worked, wages earned and taxes withheld. Paystubs will not be accepted.
- 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.

LIFEMAP AND VSP PLANS

- LIFEMAP PLANS**
___ Complete LifeMap Master Application
___ Complete LifeMap Employee Enrollment Census Form
___ 1st month premium check is required
- VSP VISION PLANS**
___ Complete VSP Master Application
___ Complete VSP Employee Enrollment Census Form
___ 1st month premium check is NOT required
- Dental Master Application** - Please complete if electing Aetna Dental and/or Life. Page one: group name and plan(s) elected. Page two: enter employer contribution for Aetna life and/or dental plan(s) elected. Along with the Master Application please provide a copy of the prior Dental Benefit Summary (if client has prior Dental coverage).

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