Aetna Funding Advantage Under 50*
IMQ Elite Request Form

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 ☐ Yes ☐ No	SIC
Group TIN	Group HR Contact Name	
	Group HR Contact Email Address	

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

Have you run an illustrative quote for this group?

☐ Yes, Quote ID ☐ No

Submit this request form to Aetna: AFAHealthAppSupport@aetna.com

Please include the following:

- □ Member Level Census with email addresses for all enrolling employees
  Note: If you cannot provide email addresses for all enrolling employees, you must provide an HR administrator email address - this HR administrator will be responsible for forwarding the IMQ invite and instructions to enrolling employees
- □ 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)

*Up to 100 in Colorado, Connecticut, Kentucky, Louisiana, Massachusetts, New Jersey, Northern Illinois and Ohio