

View the provider list on the web at www.aetna.com

NOTE: A Primary Care Provider must be indicated or benefits will be limited to EMERGENCY ONLY!

To: All Employee's Electing Aetna Health, Inc. Coverage

From: Benefits Department

Re: Instructions on Filling out Aetna Health, Inc. Application

Below are the instructions for completing the Aetna Health, Inc. Enrollment/Change Request form:

1. **Plan Option** – Enter your Plan Option; Plan A or check the QPOS box if electing Point of Service coverage.
2. **Employee Information** – Enter all information in this box.
3. **Type of Activity** – For all new subscribers, **check "New Subscriber/Effective Date."** Enter effective date of coverage. Note: All applications must be in by the 12th of the month to receive the next first of the month effective date.
4. **Check the ADD Box and enter name, sex, date of birth, and social security.** Applications missing this information will delay your effective date.
5. **Enter Primary Care Physician (PCP) Office Number under Primary Office No.** This can be found in your Aetna Health, Inc. provider book or on their website: www.aetna.com
6. **Other Insurance** – Fill out this area if it applies.
7. **Dependent Information** – Fill out this area if it applies.
8. **Withdrawal From Plan** – Only use this box if you are terminating from the plan.
9. **Employee Signature** – Please be sure you sign and date your application. If not signed, your effective date can be delayed.
10. **Employer Verification** – Will be signed by ACH Staff.

An original should be sent to ACH for processing (a copy should be retained by you or your Worksite supervisor for their files). Please feel free to call us if you have any questions.