



## 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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](mailto: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)