

Request for Participation

Please check the product(s) you are requesting:

- Aetna Premium Only Plan**
- Aetna Flexible Spending Account (includes POP)**
- Aetna Transit Reimbursement Account**
- Aetna HealthFund® Health Reimbursement Arrangement (HRA) for Small Group**

Internal Use Only	
Date Received	_____
Check Number	_____
Fees	_____

Provide the information below:

Broker Information	Account Manager*
Brokerage Name Thomas Musembi (RxMom.com)	Regional Office
Broker Name Thomas Musembi	Name
Phone Number 888-490-8782	Phone Number
E-mail Address insurance@rxmom.com	E-mail Address
Mailing Address 7272 Cradlerock Way #100	Mailing Address
City, State, Zip Columbia, MD 21045	City, State, Zip

Client Information

Client Name _____
 (Exactly as it appears on tax returns and is to appear in the Plan Documents)

Client Tax ID _____

Contact Name _____

Street Address _____

City, State, Zip _____

Phone Number _____

Fax Number _____

E-mail Address _____

Requested Effective Date _____

Eligible Employee Count _____

Submit your Participation Request. Upon receipt, a representative will contact you to help get you started.

Send this form and a check made payable to Aetna for the startup fee to:

Aetna
 Administrative Department
 10275 W. Higgins Road, Suite 500
 Rosemont, IL 60018

For faster processing, you may fax this form to **847-332-0332** to continue the application process. Or email askaetnasales@flexiblebenefit.com.

*This section only applies to groups in the Select market segment.

Please Fax Copy of Application to Broker at (866)707-9532

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies including Aetna Life Insurance Company and its affiliates.

Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals. Information subject to change. For more information about Aetna plans, refer to www.myaetnafunds.com.



www.aetna.com

Aetna Premium Only Plan (POP)
 Aetna Flexible Spending Account (FSA)
 Aetna Transit Reimbursement Account (TRA)
 Aetna HealthFund® Health Reimbursement
 Arrangement (HRA) for Small Group*



Fees

FEE DESCRIPTION	FEE
POP	
Initial Set-Up**	\$150
Renewal	\$75
HRA and FSA† Fees	
Initial Set-Up**	
2 – 25 Employees	\$350
26 – 50 Employees	\$450
51 – 100 Employees	\$550
101 – 150 Employees	\$650
151 – 200 Employees	\$750
201 – 299 Employees	\$4.00 per employee
Renewal Fee	50% of the initial set-up fee
Monthly Fees††	\$5.00 per participant
Additional Set-Up Fee for “stacked” plans (those electing an Aetna HRA and FSA simultaneously)	\$150
Participation Fee for “stacked” participants	\$9.75 per participant
Minimum Fees	
0 – 25 Employees	\$10 per month minimum
26 – 299 Employees	\$50 per month minimum
TRA	
Annual Fee	\$350
Transit Monthly Fees	\$4.25 per participant
Parking Monthly Fees	\$3.15 per participant

*For groups outside of the state definition of small group (2-50 or 2-99), please contact Aetna for availability and pricing.

**Non-discrimination testing provided annually after open enrollment for POP and FSA only. Additional off-cycle testing available at employer request for \$75 fee. Non-discrimination testing only available for FSA and POP products.

†Aetna FSA pricing is inclusive for POP. Debit cards are available for FSA only. Contact Aetna for further information.

††For HRA, if the employer opts out of Streamline, the fee is increased \$1.50 per participant.

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Aetna reserves the right to change any of the above fees and to impose additional fees upon prior written notice.

We want you to know®

