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### Aetna Advantage Plans for Individuals and Families

### Underwriting Prescreening Form

This form should be used for underwriting questions related to the Aetna Advantage Plans for Individuals and Families **prior to submitting an application.** ~~For questions related to an application that has already been submitted, please call Broker Sales Support at 1-888-54-AETNA.~~

- Do not enter names or social security numbers.
- Do not send attachments or applications.
- Do not send medical records.
- Date fields must be formatted as MM/DD/YYYY.

Please print this form and then fax to us at 310.519.1359 or scan back in and email to us in .pdf format

#### Complete all details identified below:

\*Required fields will contain an asterisk.

Today's **Date\***:

Requested Effective Date:

Broker Name/Agency\*:

Broker E-Mail Address\*:

Applicant State\*:

Applicant Zip Code\*:

Drop down menu does not work

#### APPLICANT DEMOGRAPHIC INFORMATION

Family Member	Initials*	Gender*	Age*	Height* (Feet)	Height* (Inches)	Weight (lbs)*	Smoker *
Primary Applicant*	<input type="text"/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent #1	<input type="text"/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent #2	<input type="text"/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent #3	<input type="text"/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent #4	<input type="text"/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent #5	<input type="text"/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### MEDICAL INFORMATION

Family Member	Diagnosis/Condition	Medication	Details
<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**ADDITIONAL COMMENTS:**

The response is provided for informational purpose only and is not intended as underwriting. This response is not binding on Aetna and is based only on the information received by you. Confirmation or affirmation of the information received through the official underwriting process is necessary for access to our individual plans. Upon receipt and review of the application, the underwriting decision may differ from this response.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite, or administer benefits coverage include: Aetna Health Inc. and/or Aetna Life Insurance Company.

www.SteveShorr.com (310) 519-1335

Fax 310.519.1359

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