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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 I and Families prior to submitting an application. For questions related to an application that has 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.

Complete all details identified below:

**Required fields will contain an asterisk.*

Today's Date*:

Requested Effective Date:

Broker Name/Agency*:

Broker E-Mail Address*:

State*:

Zip Code*:

NATURE OF INQUIRY*

- Age
 Possible Declinable Condition
 Medical Underwriting C
 Adoption
 BMI (Body Mass Index) / Weight
 Generic or Other
 Residency
 Dates & Types of Treatment / Medications

APPLICANT DEMOGRAPHIC INFORMATION

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

Dependent #5

MEDICAL INFORMATION

Family Member

Diagnosis/Condition

Medication

Details

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ADDITIONAL COMMENTS:

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

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