

## Maryland SHOP PreSale Quote Request Checklist

### 2 – 50 employees

#### It's so easy

To help ensure the Maryland SHOP Quote Request process of your case is quick and easy, we are providing this simple checklist.

☐ **1. Member level census with census information for all employees & dependents enrolling**

- All eligible employees and dependents (including waivers)
- Date of birth/age for all enrolling (including dependents)
- Gender for all enrolling
- Zip code for all employees enrolling
- Product tier selection if enrolling dependents (ex: EE only, EE + Spouse, EE + child(ren), Family)

Any missing information may result in your quote request being returned to you as incomplete. An Incomplete email template will be sent to you from [AetnaMDSHOP@AETNA.com](mailto:AetnaMDSHOP@AETNA.com).

**Send all MD SHOP Quote Requests to:**

E-mail: [AetnaMDSHOP@AETNA.com](mailto:AetnaMDSHOP@AETNA.com)

Effective dates may be the 1st of the month.

☐ **2. RFP “Request for Proposal” from Broker or Client must include:**

- Group name
- Group business address (include address & zip code) \*No PO Boxes
- Effective date of quote request
- Broker and/or Agency name (if applicable)
- Group's SIC code (type of Industry)

**Group size**

2-50 employees  
\*FTE (Full Time Equivalent) rules apply in some states.

**Submission deadline**

If the requested effective date is not available, the next available effective date will be quoted.

☐ **3. Plans to be quoted**

- Quote should include Medical only
- If specifically requested, any & all medical plans can be quoted

For help with your Standard Quote Requests, contact the Aetna New Business Unit at [AetnaMDSHOP@AETNA.com](mailto:AetnaMDSHOP@AETNA.com) or call us at: 866-270-4318.

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