

<b>Current Group Name</b>	<b>Current Tax ID</b>
<b>Current Owner Name</b>	<b>Current Owner Email Address</b>
<b>New Group Name</b>	<b>New Tax ID</b>
<b>New Owner Name</b>	<b>New Email Address</b>

**Section 1**

**Answer all these questions**

1. Has the legal entity funding claim wires changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the financial responsibility transferred to another Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is another entity assuming the terms of the contract (as a result of a corporate structural change, for example)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is one party being substituted for another in order to bind the substituted party to all the terms of the original contract to the same extent as the original party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the group legally changing their name but retaining financial responsibility for the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has there been a merger, buyout or acquisition between two entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What is the legal effective date of this group's tax ID change, name change, merger, buy out or acquisition?	

**Section 2 – Name Change Only**

**Complete this section if there has been NO change in ownership or NO change in business type**

1. Is the original business still in operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was there a change in the ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the nature of business changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Provide one of the following (check one): <input type="checkbox"/> Amendment to Articles of Incorporation <input type="checkbox"/> Copy of the Fictitious Business Name Statement	

**Section 3**

**Complete this section if any of the following applies: sale of business, new ownership, new business entity, merging with another business entity, becoming a subsidiary, or sale of assets and liabilities.**

1. Is the original business still in operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was there a change in the ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What is the nature of business?	
4. What is the new Standard Industry Classification (SIC) code?	
5. Provide the new Federal Tax ID If not available, has it been applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Provide one of the following (check one): <input type="checkbox"/> Copy of the payroll records <input type="checkbox"/> Most recent quarterly wage and tax statement with new name	
7. Provide one of the following (check one): <input type="checkbox"/> Copy of the legal document/purchase agreement showing new ownership; or <input type="checkbox"/> Letter from the attorney verifying ownership and the full-time employees	
8. Provide ALL of the following: <input type="checkbox"/> Employer Application and <input type="checkbox"/> Employee Enrollment and Waiver Forms	

By signing below I certify that:

- I am an authorized representative of group for which this information is being provided.
- The information I have provided is true and correct.
- Aetna may rely on the responses I have provided.

I understand that misstatement or misrepresentation may result in insurance coverage being void as of the effective date with no benefits payable. Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Employer Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_