



Associated Companies

For Small Employers (2-50) with Affiliated Companies, Subsidiaries or Common Ownership

Legal Business Name:

Is your company a subsidiary of another company, an affiliate of another company, or under common control with another company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company file state or federal taxes with another company(ies) on a combined or consolidated basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any questions, complete the information below:

Please Note:

- A copy of the Quarterly Wage and Tax Statement must be provided for each group to be included for coverage.
- If you file or are eligible to file multiple businesses under one tax ID number, all businesses must be included as one group.
- Some states do require affiliated groups to enroll as one, please check your local state requirements.

Business Name	Tax Identification Number	Owner's name(s)	Percentage of Ownership	Number of Employees	Is group to be included
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered 'NO' to "Is group to be included" above, please explain why:

Is your company a branch of another company, or does your company have branch offices?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: Is each branch office a separate legal entity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is each branch office a location of one legal entity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How many branch offices are there?		
Are tax filings separate or as one common filing?	<input type="checkbox"/> separate filing	<input type="checkbox"/> common filing
Where is each branch located? (list each branch office address separately)	Number of Employees at each location:	

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

I understand that Aetna will rely on the information I provide in determining eligibility for coverage, setting premium rates, compliance with applicable laws, and other purposes, and that any misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, increase in premiums, or other consequences. Aetna reserves the right to audit and to request documentation as evidence of business activity at any time and from time to time in order to validate my compliance with eligibility and underwriting guidelines as well as validate the applicability of State and Federal laws. I understand that my failure to comply with any such request may also result in termination of coverage, increase in premiums, or other consequences.

Employer Signature:	Date:
Title:	