



We know you're busy and your time is valuable. That's why we're always looking for ways to enhance the Aetna Funding Advantage<sup>SM</sup> (AFA) new sales experience – making the process easier, faster and smoother for you and your clients.

With this AFA intake form, that's the goal. You simply complete the information requested. Once it is returned to us, we will pre-populate the necessary sold case paperwork with this standard information, ensuring consistency. Then we will send these forms for review and completion. You'll sign them electronically and return to us for processing – it's that easy!

Now you can spend less time completing paperwork, and more time focusing on what matters most – your clients.

As always, we appreciate your business and value your partnership.

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### Group Information

Company Legal Name:

DBA Name (if applicable):

Street Address:

City: :

State:

Zip:

Federal Tax ID:

Company Contact Name:

*(first name)*

*(last name)*

Email Address:

Phone: .

Enrollment Contact Name:

Email Address:

Utilization Reporting Plan Sponsor Contact:

Financial Reporting Contact:

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### General Agency

Agency Name: Custom Benefit Plans, Inc.

Office Location: 616 Easton Rd, Willow Grove, PA 19090

Selling Agent Name: Salvatore DiNardo

Tax ID: 232942938

NPN: 2010834

Admin Contact: Laura Leeds Welikonich

Admin Contact Email: laura@custombenefitplans.com



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### Primary Broker/Agency

Agency Name:

Office Location:

Selling Agent Name:

Tax ID: .

NPN:

Admin Contact:

Admin Contact Email:

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### Secondary Broker/Agency

Agency Name:

Office Location:

Selling Agent Name:

Tax ID:

NPN: