



Client name
Group number

Portability Coverage Election

(To be completed by the employee)

This form lets you continue your coverage after your employment terminates.

Check the box(es) for the product(s) you wish to continue:

- GROUP ACCIDENT GROUP CRITICAL ILLNESS GROUP HOSPITAL

Employee information

Employee name (First, middle initial, last)		Birthdate (MM/DD/YYYY) / /		Aetna W number or SSN number	
Home address (street)			City		State
Date of triggering event (MM/DD/YYYY) / /		Email		Primary phone number ()	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					

Coverage election (Note: You may only continue coverage for dependents that were covered under the plan on the date your employment ended.)

<input type="checkbox"/> I elect to continue my coverage with no changes
<input type="checkbox"/> I elect to continue my coverage and remove the following insured dependents from my coverage:
<input type="checkbox"/> Spouse, Civil union partner or Domestic partner
<input type="checkbox"/> All dependent child(ren)
<input type="checkbox"/> Listed dependent child(ren)
1. Dep name _____ SSN _____ Date of Birth _____ Coverage _____
2. Dep name _____ SSN _____ Date of Birth _____ Coverage _____
3. Dep name _____ SSN _____ Date of Birth _____ Coverage _____

Premium payment and signature section

1. First, please contact customer service at 1-800-607-3366 to obtain your monthly portability premium rates.
2. Then, enter the monthly premium payment here: \$ _____
3. Mail your initial premium payment, along with this Portability Coverage Election Form, to: Aetna, Attn: Portability Department, PO Box 534739, Atlanta, GA 30353-4739.

I understand and agree that:
1. No portability coverage will be effective unless this Portability Coverage Election Form and premium required have been submitted in accordance with the terms of the Group Policy; if not, any payments received will be refunded;
2. Portability coverage will be effective on the first day following the termination of employment, provided that Aetna receives this completed Portability Coverage Election Form and the first premium within 30 calendar days after my coverage under the Group Policy would otherwise end;
3. For portability coverage to remain in effect, I must continue to pay premiums by the first day of each month. Premiums are to be paid to Aetna, Attn: Portability Department, PO Box 534739, Atlanta, GA 30353-4739. I will not receive a monthly bill;
4. Portability coverage will terminate if the premium payments are not received within the 31 day grace period; and
5. The terms of my portability coverage are set forth in the Certificate issued under the Group Policy. The amount of insurance in effect on the date my coverage would otherwise have ended will continue. No further increases to my benefit amount will be allowed nor will I be able to add any optional benefits.
6. The information on this form is true and complete to the best of my knowledge.

Applicant signature	Applicant name (print)	Date signed (MM/DD/YYYY) / /
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Section below to be completed by Aetna

Date received / /	Effective date of portability coverage / /	Coverage tier	Monthly premium	Processed by
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Coverage is underwritten by Aetna Life Insurance Company (Aetna), 151 Farmington Avenue, Hartford, CT 06156.

Misrepresentation

FRAUD WARNINGS BY STATE

NOTICE IN ALASKA, CONNECTICUT, DELAWARE, IDAHO, ILLINOIS, INDIANA, IOWA, GEORGIA, HAWAII, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OKLAHOMA, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, WISCONSIN AND WYOMING: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **NOTICE IN ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **NOTICE IN ARIZONA:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **NOTICE IN CALIFORNIA:** WARNING: For Your protection California law requires the following to appear on this form: The falsity of any statement in this document shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by Aetna. **NOTICE IN DISTRICT OF COLUMBIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NOTICE IN KANSAS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law. **NOTICE IN KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. **NOTICE IN LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NOTICE IN MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits. **NOTICE IN MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NOTICE IN NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NOTICE IN NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. **NOTICE IN OHIO:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **NOTICE IN OREGON:** Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law. **NOTICE IN PUERTO RICO:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. **NOTICE IN TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits. **NOTICE IN VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. **NOTICE IN VIRGINIA:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-772-9682.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512
1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Availability of Language Assistance Services

TTY: 711

For language assistance in your language call 1-888-772-9682 at no cost. (English)

Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic)

Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

日本語で援助をご希望の方は 1-888-772-9682 (フリーダイヤル) までお電話ください。 (Japanese)

본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian)

Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)
