



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

## Employee Information

Employee Name (First, Middle Initial, Last)		Birthdate (MM/DD/YYYY) / /		Aetna W Number or SSN Number	
Home Address (Street)		City		State	ZIP Code
Date of Triggering Event (MM/DD/YYYY) / /	E-mail Address		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 <b>remove</b> 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 <b>1-888-772-9682</b> 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: <b>Aetna, Attn: Portability Department, PO Box 534739, Atlanta, GA 30353-4739.</b>

**I understand and agree that:**

- 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;
- 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;
- 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;
- Portability coverage will terminate if the premium payments are not received within the 31 day grace period or when the Group Policy is terminated; and
- 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.
- 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 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 ALASKA, ARKANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, AND VIRGINIA:** Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law. **NOTICE IN DELAWARE, IDAHO, INDIANA, MINNESOTA, AND OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information is guilty of a felony. **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:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **NOTICE IN COLORADO:** 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. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **NOTICE IN DISTRICT OF COLUMBIA: FRAUD NOTICE:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant. **NOTICE IN FLORIDA:** 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. **NOTICE IN MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 HAMPSHIRE:** Any person who, with a purpose to injure, defrauds or deceives any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20. **NOTICE IN NEW YORK:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **NOTICE IN OHIO:** Any person who, with 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 is guilty of insurance fraud. **NOTICE IN OREGON:** Any person who makes intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law. **NOTICE IN PENNSYLVANIA:** 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 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 AND WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **NOTICE IN TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **NOTICE IN WEST VIRGINIA AND RHODE ISLAND:** 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.