



New Jersey Small Employer Funding Certification and Statement of Understanding Attestation Form

Aetna considers an underlying plan to be any employer-funded arrangement or plan that, directly or indirectly, subsidizes, funds or reimburses (or is intended, directly or indirectly, to subsidize, fund or reimburse) any part of an individual or single subscriber’s network deductible expenses. In setting the premium rate for benefits plans with a network deductible of \$1,000 or more, Aetna assumes that the employer may fund 50% or less of an individual or single subscriber’s network deductible. If the employer is funding the network deductible in excess of 50%, it can be material to the development of pricing for coverage. As such, it is important for us to understand when underlying plans are in use and/or when the Employer implements an underlying plan that funds the network deductible in excess of 50%.

1. Is an underlying plan or arrangement offered, made available or utilized by your company?

_____ **Yes** _____ **No**

2. If yes, to 1 above, what percentage (%) of the network deductible is funded by the underlying plan?

_____ %

If “yes,” to 1 above, please attach a complete description of the underlying plan.

By signing below, you are certifying and agreeing that:

- (1) The information provided above is true and complete.
- (2) You will notify Aetna immediately in the event that such information is incorrect or incomplete, or you implement or purchase (or you intend to implement or purchase) any underlying plan to fund the network individual or single subscriber deductible in excess of 50% as described above (if you are not already funding in excess of 50%).

NJ Small Group HMO and POS HSA Compatible Plans:

You must complete this form when your group’s HSA Compatible benefits plans are effective with Aetna initially; you decide (or intend) to implement or purchase an underlying plan that funds the network single subscriber deductible in excess of 50% during the year; and annually thereafter prior to the renewal effective date of your group’s plans.

You are required to select one of the following deductible funding options for HMO and/or POS HSA Compatible benefits plans: (i) funding 50% or less; or (ii) funding more than 50% of the network single subscriber deductible per year. Benefit plan(s) and premiums will differ depending on the selected deductible funding option. Higher premiums will apply if you choose to fund more than 50% of the network single subscriber deductible per year. Please consult your final rate document.

Company Name

_____ _____
Signature of Officer Title

_____ _____
Name of Officer (Please Print) Date