



HINT Supplemental Enrollment Information Form Implementing P.L. 2005, c. 375

Aetna Health Inc./Aetna Life Insurance Company/Aetna Health Insurance Company

Important Information Regarding Aetna's Billing Administration

Aetna will bill over-age dependents directly and enrollees will remit the premium directly to Aetna. Enrollees will be required to enter an address in the "Billing" section on the HINT Supplemental Enrollment Information Form even when it is the same as the employee's address.

Important Note:

- Although the employee must continue eligibility under the dependent's plan for continued coverage of the dependent, in addition to the additional applicable eligibility criteria, coverage for the dependent will be issued as stand-alone coverage. All cost-sharing requirements and limitations will apply and will not be combined with the employee's policy. Consequently, covered expenses incurred by the over-age dependent will not contribute to family deductibles and out-of-pocket maximums, nor will family incurred expenses contribute to the over-age dependent's deductibles or out-of-pocket maximums.



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A. Group & Employee Information

Group Name	Group Number/Control Number
Employee Name	Employee ID Number

B. Type of Activity (see Important Explanatory Information below)

Change - Check all that apply

Date of Event

____/____/____
____/____/____

- Add dependent over the limiting age, but less than 31
 Remove dependent over the limiting age, but less than 31

Reason(s): _____

Continuation of Coverage pursuant to P.L. 2005, c. 375

Date of Event

____/____/____

Coverage is being effected:

- During an Open Enrollment Within 30 days after eligibility for other reasons
 Within 30 days prior to attainment of limiting age

Billing:

- Direct bill dependent (add billing address):

Street, Apt. Number: _____

City, State, ZIP Code: _____

C. Over-age Dependent Information

Name (Last, First, MI)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY) ____/____/____	Social Security Number
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Other Health Coverage: Yes No

Other Rx Drug Coverage: Yes No

Primary Office ID Number: _____

Ob/Gyn Office ID Number: _____

Current Patient: Yes No

Current Patient: Yes No N/A

Previous Coverage: Yes No

If yes, provide the following information AND submit a copy of the certificate of Creditable Coverage that was issued by the previous carrier, if available:

Effective date of prior coverage: ____/____/____ Termination date of prior coverage: ____/____/____

Name of prior carrier: _____ Prior plan number: _____

D. Signature

Employee	Date
Dependent	Date

IMPORTANT EXPLANATORY INFORMATION

An adult child may request to continue as a dependent on his or her parent's coverage even after the child reaches the limiting age under the terms of the policy if the adult child:

- is not yet 31 years old
- is unmarried
- has no children
- lives in New Jersey or, if not a New Jersey resident, is a full-time student at an accredited institution of higher education
- is not eligible for Medicare and is not actually covered under another group or individual health plan.

An adult child may make the request to continue as a dependent on his or her parent's coverage either:

- when he or she reaches the limiting age
- when he or she first becomes eligible for a reason other than reaching the limiting age (for example, the adult child becomes a full-time student in another state, or returns to live in New Jersey after residing elsewhere), or
- during the open enrollment period for the group of which the parent is a member.