



New York DU30 Supplemental Enrollment Information Form Implementing Chapter 240 of the Laws of 2009

Aetna Health Inc./Aetna Health Insurance Company of New York/Aetna Life Insurance Company

A. Group & Employee Information

Group Name	Group Number/Control Number
Employee Name	Aetna Member ID Number

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

Change - Check all that apply

Effective Date

____/____/____
____/____/____

Add dependent over the limiting age, but less than 30

Remove dependent over the limiting age, but less than 30

Reason(s): _____

Continuation of Coverage pursuant to Chapter 240

Effective Date

____/____/____

Coverage is being elected:

During an Open Enrollment Within 60 days after eligibility for other reasons

Within 60 days prior to or following the attainment of limiting age

During the initial open enrollment period - A young adult or the subscriber may elect this continuation option during the initial open enrollment period, which runs for 12 months following the first renewal of the Plan coinciding with or next following September 1, 2009.

Billing: (Such person will remit the premium directly to Aetna.)

Direct bill the following individual (*check **one** and provide name*). Add the billing address (**required** even if the same as the employee's address).

Employee Name: _____

Dependent Name: _____

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
Other Health Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Rx Drug Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Physician Office ID Number: _____	Ob/Gyn Physician Office ID Number: _____		
Current Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Previous Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> 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

I have read the Important Information below and agree to the conditions of enrollment. The information supplied in this application is true and complete.

Employee	Date
Dependent	Date

Important Information Regarding Cost-Sharing Limitations

The employee must continue coverage in order for the dependent to be covered 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.

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 30 years old;
- is unmarried;
- lives, works or resides in New York state or in the service area of the insurer's network-based policy or contract; and
- is not covered as a named subscriber, enrollee or covered person under any other health plan including Medicare.

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

- within 60 days prior to or following the termination of coverage at the specific age provided in the contract's language;
- within 60 days after meeting the requirements for dependent status, when coverage for the dependent had previously terminated;
- during the open enrollment period for the group of which the parent is a member, when the dependent meets the requirements for dependent status during the open enrollment period. (Dependent child will be enrolled in same coverage as that of the parent(s).)

The adult child or covered employee will be required to pay 100 percent of the cost of the employee premium.