



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

Effective Date of Coverage (date the coverage is to be effective)

____ / ____ / ____

Add dependent over the limiting age, but less than 31

____ / ____ / ____

Remove dependent over the limiting age, but less than 31

Reason(s): _____

NOTE: all effective dates of coverage are subject to Aetna's standard policies and procedures.

Billing Method

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
Other Health Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Rx Drug Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Office ID Number: _____	Ob/Gyn 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

Employee	Date
Dependent	Date

IMPORTANT EXPLANATORY INFORMATION

A young adult may request to continue or newly enroll as an over-age 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.

A young adult may make the request to continue or newly enroll as an over-age 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
- anytime the dependent meets the above eligibility requirements.