



Employer Attestation ARRA State Continuation Employee Subsidy

Please send the completed form to:

Aetna
Attention: ARRA
P.O. Box 14390
Lexington, KY 40512

Employer Information - Please Print

Name of Employer		Control Number/Group Number/PSUID	Telephone Number	
Street Address		City	State	ZIP Code

The American Recovery and Reinvestment Act of 2009 (the Act) provides for 65 percent subsidy on COBRA-comparable state continuation premiums for certain assistance eligible individuals (AEI) for up to 15 months. The AEI pays 35 percent of the premium.

With respect to state continuation, an individual is an AEI if

- the individual elected state continuation coverage at any time during the period beginning September 1, 2008 and ending February 28, 2010; and
- the continuation coverage qualifying event consists of the involuntary termination of employment; and
- the individual's modified adjusted gross income is not more than \$125,000 (individual filer)/\$250,000 (joint filer).

Please complete this form for each AEI to help us administer the subsidy for the affected members. According to the Act, it is the insurer's responsibility to fund and seek reimbursement of the 65 percent subsidy through a payroll tax credit.

According to the Act, an AEI may change the coverage option(s) for continuation coverage to a different plan than what he or she had on the last day of employment if the former employer permits and offers other coverage options. The alternate plan must be offered to active employees and at the same cost or less than the original plan. We ask that you complete the sections below to confirm if this is an available option.

Send the completed form to the address above. If you have questions, please contact our Customer Service department. The telephone number can be found on your most recent premium statement.

Assistance Eligible Individual (AEI) - Please Print

Name		Social Security Number	Aetna ID Number	
Street Address		City	State	ZIP Code
Name of State AEI is continuing coverage under (i.e., Kansas, Florida)		Qualifying Event Reason (i.e., involuntary termination)	Qualifying Event Date (AEI's loss of coverage date)	
Length of State Continuation (number of months, days)	Monthly Premium Charged \$ _____	Effective Date of Subsidy*	Termination Date of State Continuation	
Do you offer different coverage to active employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the premium for the different coverage the same as or lower than the coverage the individual had at the time of the qualifying event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you allow AEIs to switch their coverage to a different plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

* The premium reduction applies to the later of the two: on the first "period of coverage" beginning on or after February 17, 2009 or the first "period of coverage" after the date of the qualifying event. This subsidy period lasts a maximum of 15 months or the maximum length of continuation if less than 15 months, unless a state law has different requirements for state continuation. After the maximum of 15 months of subsidy, the AEI can elect to continue unsubsidized coverage for the balance of continuation allowed under state continuation. An AEI's entitlement to the subsidy also ends when he or she becomes eligible for other group coverage or Medicare, or reaches the maximum COBRA continuation period. There is no premium reduction for premiums paid for periods of coverage prior to February 17, 2009.

Dependent Information - Please Print

Dependent Name	Relationship**	Social Security Number	State	ZIP Code

** Relationship: spouse, son, daughter, stepson, stepdaughter, grandchild, foster child, etc.

I certify that the above employee has been terminated involuntarily.		
Signature	Title	Date