



Illinois Spousal Continuation Coverage Employer Notice of Occurrence of Qualifying Event for the Right to Continuation Coverage

(To comply with Illinois law, wherever the term "spouse" appears it shall be construed to include civil union partner.)

Illinois spousal continuation of Group Health Coverage is available to:

- Divorced or widowed spouse (any age) and dependent children of the employee who were covered under the group plan on the day before the qualifying event
- Spouse and dependent children of a retired employee, **if the spouse is age 55 or older**, who were covered under the group plan on the day before the qualifying event.

The group health coverage under which the qualified beneficiary(ies) has been covered will cease because of the reason and on the effective date indicated. An Election Form to continue coverage will be sent by Aetna to the qualified beneficiary. If the qualified beneficiary elects continuation and pays the premium, elected benefits will be reactivated without lapse in coverage.

Premium payments are made to you and not to Aetna. The qualified beneficiary(ies) must make payment arrangements directly with you and must provide a copy of their Election Form to you to show their election.

- A. Within 30 days following the date of a divorce, death or retirement of the employee, the spouse must give you written notice of their desire to elect continuation of coverage.
- B. Within 15 days of receipt of notice from the spouse, you must complete and return this form by **certified mail, return receipt requested**, to:

Aetna
PSS – IL Spousal Continuation
1385 East Shaw
Fresno, CA 03710

Note: you must send a copy of this completed notice to the spouse.

- C. Within 15 days of receipt of this notice, we will send an Election Form with premium information along with instructions for where to return the form and who to send premiums to directly to the qualified beneficiary(ies) by **certified mail, return receipt requested**.
- D. If the qualified beneficiary wishes continued coverage, s/he must notify us by returning the Election Form by **certified mail, return receipt requested** within 30 days. The spouse is instructed to send you a copy of the completed Election Form, and to send the first premium payment to you within 30 days of the date the qualified beneficiary provides written notice of election to you and Aetna.

The qualified beneficiary(ies) listed below and any covered dependent(s) are eligible for continued coverage. **Note:** You are required to also send a copy of this notice to each of the beneficiary(ies) listed below.

Qualified Beneficiary 1 (Please Print)

Name of Employee/Name of Spouse			Name of Employer		
Address of Spouse			Address		
City	State	ZIP Code	City	State	ZIP Code
Employee Social Security Number		Effective Date of Divorce, Death or Retirement		Employee's Last Day Worked	
Qualifying Event: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Retirement		Today's Date		Control Number/Group Number	

Name, relationship and address of all other covered dependent children) – Please Print

Name	Relationship*	Address	City	State	ZIP Code

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

Qualified Beneficiary 2 (Please Print)

Name of Employee/Name of Spouse			Name of Employer		
Address of Spouse			Address		
City	State	ZIP Code	City	State	ZIP Code
Employee Social Security Number		Effective Date of Divorce, Death or Retirement		Employee's Last Day Worked	
Qualifying Event: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Retirement		Today's Date		Control Number/Group Number	

Name, relationship and address of all other covered dependent children) – Please Print

Name	Relationship*	Address	City	State	ZIP Code

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

Qualified Beneficiary 3 (Please Print)

Name of Employee/Name of Spouse			Name of Employer		
Address of Spouse			Address		
City	State	ZIP Code	City	State	ZIP Code
Employee Social Security Number		Effective Date of Divorce, Death or Retirement		Employee's Last Day Worked	
Qualifying Event: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Retirement		Today's Date		Control Number/Group Number	

Name, relationship and address of all other covered dependent children) – Please Print

Name	Relationship*	Address	City	State	ZIP Code

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

Qualified Beneficiary 4 (Please Print)

Name of Employee/Name of Spouse			Name of Employer		
Address of Spouse			Address		
City	State	ZIP Code	City	State	ZIP Code
Employee Social Security Number		Effective Date of Divorce, Death or Retirement		Employee's Last Day Worked	
Qualifying Event: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Retirement		Today's Date		Control Number/Group Number	

Name, relationship and address of all other covered dependent children) – Please Print

Name	Relationship*	Address	City	State	ZIP Code

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

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability. Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator
P.O. Box 14462, Lexington, KY 40512
1-800-648-7817, TTY: 711
Fax: **859-425-3379**
E-mail: **CRCordinator@aetna.com**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019, 800-537-7697** (TDD).

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎ ላይ ያለውን ቁጥር ይደውሉ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավժառվար խորհրդատվություն ստանալու համար գանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ႱႧႠ႞Ⴆ ႱႠႨႠ႞Ⴆ ႱႠႠႠႦ Ⴑ ႱႠ႞Ⴆ ႱႠႠႦႦႦ ႦႧ, ႱႠႠႦႦႦ Ⴆ႞Ⴆ ႱႠ႞Ⴆ ႦႠ႞ႦႦ ႦႠႦ ID ႱႦႦႦႦ ႦႦႦႦ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kv t chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kéeri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.
Hawaiian	No ka wala’au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.

Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obula, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢၣ်တၢ်ကမၤကျိၣ်တၢ်မၤၤၤၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢၣ်တၢ်အိၣ်ဒီးအပူၤလၢၣ်နကဘၣ်ဟ့ၣ်အိၣ်အဂီၢ်ကိးဘၣ်လိတဲဖိနီၣ်ကံၤလၢၣ်အိၣ်လၢၣ်နခိၣ်ဂီၤ ၁ (၅၅) အလီၤတၢ်ကၢၤၤ
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستگیراگەشتن بە خزمەتگوزاری زمان بەی تێچوون بۆ تو، پەیموهندی بکە بە ژمارە ی سەر نای دی (ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທລູໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjelok wōṇean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áa ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílįigo nanitinígíí bee néého'dółzinígíí béesh bee hane'i biká'ígíí áajį' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cìn wëu kər keek tənɔŋ yin. Ke yin cɔl ran ye kɔc kuony në namba de abac tö në ID kard duön de tiit de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.

Samoaan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je don windi ha do derowol maada.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܘܦܬܐ ܗܘܕܘܡܐ ܘܥܘܠܐ ܕܠܘܒܐ ܕܩܘܟܐ, ܩܝܓܐ ܢܡܒܪܝ ܝܠܝܘ ܩܘܢܝܝܐ ܕܟܕܝ ܝܐܟܘ ܝܐ ܕܩܝܬܡܒܘܠܝܫܘ.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau 'oku ke fiema'u ta'etötōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовно отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn isẹ̀ èdè fún ọ̀ lófẹ́fẹ́, pe nọmbà tò wà lóri kààdì idánimò rẹ̀.