



Illinois Group Health Coverage for Municipalities Employer Notice of Occurrence of Qualifying Event for the Right to Continuation Coverage

Illinois Continuation of Group Health Coverage is available to the qualified beneficiary(ies) listed below and any covered dependent(s) as a result of the employee's retirement or disability period (RDP).

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. Thirty days (30) prior to, or within 15 days after the effective date of the employee's retirement or the start of the disability period, you must complete and return this form by **certified mail, return receipt requested**, to:

Aetna
PSS – IL Municipal Continuation
7400 West Campus Road
New Albany, OH 43054

B. Within 15 days of receipt, Aetna will send an Election Form with premium information directly to the qualified beneficiary(ies) by **certified mail, return receipt requested**.

C. If the qualified beneficiary wishes continued coverage, s/he must notify Aetna by returning the Election Form by **certified mail, return receipt requested** within 15 days of the later of:

- The "RDP" date; or
- The date the employee is given written notice.

D. The first premium payment must be sent to you within 45 days of the date the qualified beneficiary provides written notice of election to Aetna. The qualified beneficiary is responsible for notifying you of their election.

The qualified beneficiary(ies) listed below and any covered dependent(s) as a result of the employee's retirement or disability period (RDP) are eligible for continued coverage. Please send the following beneficiary(ies) an election letter and Election Form by **certified mail, return receipt requested**.

Qualified Beneficiary 1 (Please Print)

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

Name, relationship and address of all other group members (covered spouse and covered dependent children) – Please Print

| Name | Relationship* | Address | City | State | ZIP Code |
|------|---------------|---------|------|-------|----------|
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* Relationship: spouse, son, daughter, stepson, stepdaughter, grandchild, foster child, etc.

Qualified Beneficiary 2 (Please Print)

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

Name, relationship and address of all other group members (covered spouse and covered dependent children) – Please Print

| Name | Relationship* | Address | City | State | ZIP Code |
|------|---------------|---------|------|-------|----------|
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* Relationship: spouse, son, daughter, stepson, stepdaughter, grandchild, foster child, etc.

Qualified Beneficiary 3 (Please Print)

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

Name, relationship and address of all other group members (covered spouse and covered dependent children) – Please Print

| Name | Relationship* | Address | City | State | ZIP Code |
|------|---------------|---------|------|-------|----------|
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* Relationship: spouse, son, daughter, stepson, stepdaughter, grandchild, foster child, etc.

Qualified Beneficiary 4 (Please Print)

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

Name, relationship and address of all other group members (covered spouse and covered dependent children) – Please Print

| Name | Relationship* | Address | City | State | ZIP Code |
|------|---------------|---------|------|-------|----------|
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* Relationship: spouse, son, daughter, stepson, stepdaughter, grandchild, foster child, etc.

Qualified Beneficiary 5 (Please Print)

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

Name, relationship and address of all other group members (covered spouse and covered dependent children) – Please Print

| Name | Relationship* | Address | City | State | ZIP Code |
|------|---------------|---------|------|-------|----------|
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* Relationship: spouse, son, daughter, stepson, stepdaughter, grandchild, foster child, etc.

Qualified Beneficiary 6 (Please Print)

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

Name, relationship and address of all other group members (covered spouse and covered dependent children) – Please Print

| Name | Relationship* | Address | City | State | ZIP Code |
|------|---------------|---------|------|-------|----------|
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* 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: **CRCoordinator@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).

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| 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፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። |
| Arabic | للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك. |
| Armenian | Ձեր նախընտրած լեզվով ավվճար խորհրդաստվությունն ստանալու համար գանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով |
| Bantu-Kirundi | Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomeru 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 lengguâhi ni dibåtde para hâgu, âgang i numiru gi iyo-mu kard aidentifikasion. |
| Cherokee | ᄂᄆᄃᄆ ᄅᄃᄆᄃᄆ ᄇᄃᄆᄃᄆ ᄅ ᄆᄆᄃᄆ ᄆᄆᄆᄆᄆᄆ ᄆᄆ, ᄆᄆᄆᄆᄆᄆ ᄆᄆᄆ ᄆᄆᄆᄆ ᄆᄆᄆᄆᄆ ᄆᄆᄆᄆᄆ ᄆᄆᄆᄆᄆ ᄆᄆᄆᄆᄆ ᄆᄆᄆᄆᄆ ᄆᄆᄆᄆᄆ ᄆᄆᄆᄆᄆ. |
| 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 kvv 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 કોઈ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઈડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો. |
| Hawaiian | No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei. |

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| 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 maaksas 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 | လၢတၢ်ကမၤကျိၣ်တၢ်မၤၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢတၢ်ကတၢၢ်အိၣ်အိၣ်ကိးတၢ်လိတဲဖိနီၣ်ဂံၢ်လၢတၢ်အိၣ်လၢတၢ်နီၣ်ဂံၢ် ၁ (၅၅) အလိၣ်တက့ၢ်ၤ |
| 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 دەسپێزێراگه‌یشتن به خزمه‌تگوزاری زمان به‌ی تێچوون بۆ تو، په‌یوه‌ندی بکه‌ به ژماره‌ی سه‌ر ئای دی (ID) کارتی خۆت. |
| Lao | ເພື່ອຂ້າງປະດິດການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທລູໃນບັດປະຈຳຕົວຂອງທ່ານ. |
| Marathi | आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा. |
| Marshallese | Ñan bōk jipañ kōn kajin ilo an ejjeļok wōñean ñan kwe, kwōn kallok nōm̄ba eo ilo kaat in ID eo am̄. |
| 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'áá ni nizaad k'ehjí bee níká a' doowoł doo bááh ílínígóó naaltsoos bee atah nílǵigo nanitinígíí bee néého'dólzínígíí béésh bee hane'í biká'ígíí áajjí' hólne'. |
| Nepali | भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्। |
| Nilotic-Dinka | Të kwoɾ yin ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yin. Ke yin cɔl ran ye kɔc kuony në namba de abac tö në ID kard duön de tiit de nyin de panakim kôu. |
| 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 ਫੋਨ ਕਰੋ। |

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| Romanian | Pentru a accesa gratuit serviciile de limbă, apălați numărul de pe cardul de membru. |
| Russian | Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте. |
| Samoan | Mō le mauaina o 'au'aunaga tau gagana e auo 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 ܙܥܘܪܐ ܕܠܘܗܐ ܒܝܠܝܦܘ ܩܘܩܘܟܘܢ ܕܝܠܝܘ ܩܘܢܝܐ ܕܝܟܘܢ ܕܝܟܘܢ ܕܝܟܘܢ ܕܝܟܘܢ. |
| 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 | หากท่านต้องการเข้าถึงบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน |
| Tongan | Kapau 'oku ke fiema'u ta'etōtōngi '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 безкоштовні отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці. |
| Urdu | لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیہ 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 lófẹ́ẹ̀, pe nọmbà tò wà lóri kààdì ìdánimọ̀ rẹ̀. |