



Employer's Statement of Understanding
All Employer Groups must complete at New Business
For New Business effective April, 2012 or later

Effective Date of New Business: _____

Name of Employer Group: _____

1) Is the Employer or Third Party funding or administering any part of the deductible, coinsurance, and/or copayment now or plan to do so in the next 12 months?

_____ Yes _____ No

2) If yes, who is administering the funding:

_____ Employer
_____ Third Party Administrator (Indicate name in the line below)

3) What percentage/amount is being funded: _____

The Employer understands the only Aetna plans that can be offered in conjunction with a wrap plan are the MC HRA \$3000, HMO Deductible \$1000 and HMO Deductible \$1500 plans.

Signature of Company Officer Date

Signature of Producer Date

Print Name

Print Name

1.1.12