



West Virginia Group Health Coverage

Notice of Qualifying Event and Intent to Apply for the Right to Continuation Coverage

(To be completed by Employer or Employee)

Employee/Dependent Information

Employer Information:

Name of Employee			Name of Employer		
Name of Dependent (Only If dependent is continuing coverage)					
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Employee's ID Number	Date of Qualifying Event/ Termination of coverage		Effective Date of Coverage	Control No./Group No.	

West Virginia continuation of Group Health Coverage is available only when COBRA continuation does not apply. The above employee and their eligible dependents are eligible for continuation because of loss of coverage due to the following (check one):

1. Termination of employment (other than for gross misconduct) 2. Involuntary employee lay-off

The group health coverage under which the above individual(s) has been covered on the day before the qualifying event will end because of the reason and on the **effective date of coverage** indicated above, unless you are interested in electing to continue your group coverage under West Virginia State Continuation and you comply with the following instructions.

How to elect continuation

- A. Within 20 days following the date of termination of employment or involuntary lay-off, you must give us your written notice of intent to elect continuation of coverage. You must complete and return this form to:

Aetna
Plan Sponsor Services - State Continuation
9000 Southside Blvd.
Building 100, 8th Floor
Jacksonville, FL 32256 **Fax No. 860-907-3300**

- B. Within 15 days of receiving your notice of intent, we will send you the West Virginia Election letter/application and Premium Information Package. This package provides continuation details, such as the length of continuation, the cost of continuation and instructions for where to return the application and premium.
- C. If you and/or your dependent(s) wish to continued coverage, you must complete and send us the completed application along with payment of the initial group premium within:
- **30 days (as shown by postmark)** after receiving the West Virginia Election letter/application and Premium Information.

Name and address of all other group members (covered spouse and covered dependent children).

Name	Address	City	State	ZIP Code