Individual Conversion Request

Aetna U.S. Healthcare® of the Carolinas Inc.

Individual conversion plans are not available in all states. In certain states, an individual plan (non-group conversion) may be available.

A premium bill for the conversion plan will not be generated until your employer group notifies Aetna U.S. Healthcare of the Carolinas Inc. of your termination date. Dependents must have been covered under the group plan in order to be eligible for conversion, except newly acquired dependents as outlined in the conversion plan.

Your conversion premium is based upon your termination date under the group plan. The conversion premium rate will remain unchanged until the anniversary of the calendar quarter in which you have converted, except in those states that require the premium rate remains unchanged until the first day of each year.

Complete this conversion request form and return the white copy to Aetna U.S. Healthcare of the Carolinas Inc. A conversion premium invoice will be mailed to you after your group termination has been processed and upon our receipt of this form. PLEASE DO NOT ENCLOSE A CHECK. You will receive invoices on a quarterly basis, after the initial payment has been made.

If you have any questions, contact the Member Services Department at 1-800-323-9930.

Name of Subscriber	Aetna U.S. Healthcare of the Carolinas Inc. Member Number	Social Security Number
Address (Include Apartment Number, if applicable)	Telephone Numbers Work ( ) - Home ( ) -	
Coverage Elected - Check One ☐ Single ☐ Parent/Child ☐ Couple ☐ Family Please indicate Conversion Plan selected if more than one plan is offered in your state: _____	Termination Date of Group Employer Plan	Termination Date of COBRA Plan (If applicable)

List Members for which this change applies. **Write additional dependents on a separate piece of paper and attach to this form.**

Name (Last, First, M.I.)	**Social Security Number** (If dependent has no SSN, write "None")	**Sex**	**Birthdate** MM / DD /YYYY	**Dependent Address** (If different than Employee)

I hereby agree to the Conditions of Enrollment on the reverse side of this form.

Signature	E-mail Address	Date
X		

Not all benefits available under your group employer plan may be converted, including but not limited to **pharmacy, dental and vision benefits.**

Conditions of Enrollment

On behalf of myself and any dependents listed on the reverse side, I agree to or with the following:

1. Enrollment of myself and any listed dependents into the plan is effective on acceptance by Aetna U.S. Healthcare of the Carolinas Inc. after review of the Individual Conversion Request form and receipt of payment.
2. I am applying for conversion coverage for myself, my spouse and any eligible unmarried children under nineteen (19) years of age, unmarried children who are mentally or physically handicapped, and who are chiefly dependent upon myself or my spouse for support and maintenance, or are unmarried children between the ages of nineteen (19) and twenty-three (23) who are full-time students at an accredited education institution, and who are chiefly dependent upon myself or my spouse for support and maintenance, as listed on the front of this form.
3. Coverage and benefits are contingent on timely payment of premiums and may be terminated as provided in the Individual Conversion Certificate of Coverage.
4. As a condition of coverage, I understand and agree that (with the exception of emergency procedures and certain direct access services as defined in the Individual Conversion Certificate of Coverage) all services, in order to be covered by Aetna U.S. Healthcare of the Carolinas Inc., must be performed either by a participating primary care physician, or by the participating specialist, hospital, or other provider as authorized by a referral from a participating primary care physician.*

   *Some services may require prior authorization from Aetna U.S. Healthcare of the Carolinas Inc.
5. I understand that Aetna U.S. Healthcare of the Carolinas Inc. considers member health information private and confidential and has policies and procedures in place to protect it against unlawful use and disclosure. In addition, the providers, vendors, and consultants who help Aetna U.S. Healthcare of the Carolinas Inc. administer its health benefits plans are required by contract to keep member information confidential, consistent with applicable law. Providers also must give members access to their medical records at any time. Aetna U.S. Healthcare of the Carolinas Inc. discloses member health information to providers (doctors, pharmacies, hospitals and other providers and facilities), payors (including self-funded plan sponsors), vendors, consultants, and government authorities with jurisdiction - and use the information internally - when necessary for my care or treatment, operation of my health plan, or to conduct related activities. For example, Aetna U.S. Healthcare of the Carolinas Inc. uses and discloses health information to administer benefits policies and contracts (which may include activities like claims payment, utilization review and management, medical necessity review, coordination of care, benefits, and other services, auditing, anti-fraud activities, plan-related analysis and reporting, and others described below); operate preventive health, early detection, and disease and case management programs; perform quality assessment and improvement activities; conduct performance measurement, outcomes assessment, and health claims analysis and reporting; manage our data and information systems; comply with legal or regulatory requirements; conduct litigation and similar proceedings; transition policies and contracts to or from other insurers, HMOs, and third party administrators; and facilitate due diligence proceedings in connection with the purchase or sale of benefits plans. By enrolling in the plan, I authorize these uses and disclosures on behalf of myself and my listed dependents. I acknowledge that I or an individual entitled to act on my behalf, am entitled to receive a copy of this authorization upon request, and that a photocopy is as valid as the original.
6. I agree to make copayments, as are provided for in the Individual Conversion Certificate of Coverage, directly to providers of health care.
7. The Individual Conversion Certificate of Coverage will determine the rights and responsibilities of member(s) and will govern in the event of conflicts with any benefits comparison, summary or other description of the applicable Aetna U.S. Healthcare of the Carolinas Inc. plan.
8. I understand that this coverage will remain in effect regardless of the continued availability of a particular primary care physician or other health care provider.
9. I acknowledge that Aetna U.S. Healthcare of the Carolinas Inc. participating providers, including all primary care physicians, are independent contractors and are neither agents nor employees of Aetna U.S. Healthcare of the Carolinas Inc.

Misrepresentation

10. Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material, thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Your enrollment in Aetna U.S. Healthcare of the Carolinas Inc. and accessing of your benefits signifies your agreement to these conditions, which are subject to change.