



New York DU30 Supplemental Enrollment Information Form Implementing Chapter 240 of the Laws of 2009

Aetna Health Inc./Aetna Health Insurance Company of New York/Aetna Life Insurance Company

A. Group & Employee Information

Group Name University of Rochester	Group Number/Control Number 878253
Employee Name	Aetna Member ID Number

B. Type of Activity (see Important Explanatory Information below)

Change - Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Add adult child over the limiting age, but less than 30
Effective Date ____/____/____
Reason(s) _____ | <input type="checkbox"/> Remove adult child over the limiting age, but less than 30
Effective Date ____/____/____
Reason(s) _____ |
|--|---|

Continuation of Coverage pursuant to Chapter 240

Effective Date
____/____/____

Coverage is being elected (see Important Explanatory Information below):

- | | |
|--|---|
| <input type="checkbox"/> During an Open Enrollment | <input type="checkbox"/> Within 60 days after eligibility for other reasons |
| <input type="checkbox"/> During the initial Open Enrollment period | |

Billing: (Such person will remit the premium directly to Aetna.)

Direct bill the following individual (check **one** and provide name). Add the billing address (**required** even if the same as the employee's address).

- Employee Name: _____
- Adult Child Name: _____
- Street, Apt. Number: _____
- City, State, ZIP Code: _____

C. Over-age Adult Child Information

Name (Last, First, MI)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY) ____/____/____	Adult Child's Social Security Number
Other Health Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Rx Drug Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the following information AND submit a copy of the certificate of Creditable Coverage that was issued by the previous carrier, if available:		
Effective date of prior coverage: ____/____/____	Termination date of prior coverage: ____/____/____		Prior plan number: _____
Name of prior carrier: _____			

D. Signatures

I have read the Important Information below and agree to the conditions of enrollment. The information supplied in this application is true and complete.

Employee	Date
Adult Child	Date

Important Information Regarding Cost-Sharing Limitations

The employee must continue University Health Care Plan coverage in order for the adult child to be covered, in addition to the additional applicable eligibility criteria. Coverage for the adult child will be issued as stand-alone coverage. All cost-sharing requirements and limitations will apply separately and will not be combined with the employee's policy. Consequently, covered expenses incurred by the over-age adult child will not contribute to family deductibles and out-of-pocket maximums, nor will family incurred expenses contribute to the over-age adult child's deductibles or out-of-pocket maximums.

IMPORTANT EXPLANATORY INFORMATION

An adult child, who is not otherwise eligible for coverage under his or her parent's University Health Care Plan due to age, student status, or federal income tax dependent may request to elect continuation coverage through age 29 under the University Health Care Plan if the adult child:

- is not yet 30 years old;
- is unmarried;
- lives, works or resides in New York state or in the service area of the insurer; and
- is not covered by or eligible for health insurance coverage through another employer's group health plan (e.g. their own employer's plan, or the plan of their other parent's employer), or covered by Medicare;

An adult child may make written request to continue coverage either:

- within 60 days prior to or following the termination of coverage at the specific age provided in the contract's language;
- within 60 days after meeting the requirements for adult child status, when coverage for the child had previously terminated (e.g. within 60 days of moving back to New York State, losing employer coverage, becoming unmarried, etc.);
- during a special 12-month open enrollment period from January 1, 2010 through December 31, 2010, for those who had coverage under the University Health Care Plan and lost that coverage due to age before January 1, 2010; and
- during the University's annual open enrollment period

The adult child will be enrolled in same coverage as that of the parent(s), issued as stand-alone coverage. The adult child or covered employee will be required to pay 100 percent of the cost of the employee premium.

Please send the completed form to: **PayFlex Systems USA, Inc.**

Benefits Billing Department
PO Box 953374
St. Louis, MO 63195-3374

Special Extended Health Coverage for Certain Adult Children through Age 29 under University of Rochester Health Plans

Adult children, who are not otherwise eligible for coverage under his or her parent's University Health Care Plan due to age, student status, or federal income tax dependent may be eligible to elect continuation coverage through age 29 under the University Health Care Plan. Eligible adult children are those who:

- are under age 30;
- are unmarried;
- live, work or reside in the state of New York or the service area of the insurer;
- are not covered by Medicare; and
- are not covered by or eligible for health insurance coverage through another employer's group health plan (e.g. their own employer's plan, or the plan of their other parent's employer).

Coverage for the adult child will be issued as stand-alone coverage. All cost-sharing requirements and limitations will apply separately and will not be combined with those under the employee's policy. Consequently, covered expenses incurred by the adult child will not contribute to family deductibles and out-of-pocket maximums, nor will family incurred expenses contribute to the adult child's deductibles or out-of-pocket maximums.

To enroll for coverage, the employee and/or the employee's child will need to complete an enrollment form and may be asked to verify the child's state of residency or other requirements for this coverage. Enrollment opportunities are available at the following times:

- within 60 days prior to or following the date the child's coverage under the University Health Care Plan ends due to age, student status, or federal income tax dependent status;
- within 60 days of meeting the eligibility criteria for adult child status, when coverage for the child under the University Health Care Plan had previously terminated (e.g., within 60 days of moving back into New York State, losing employer coverage, becoming unmarried, etc.);
- during a special 12-month open enrollment period from January 1, 2010 through December 31, 2010, for those who had coverage under the University Health Care Plan and lost that coverage due to age before January 1, 2010; and
- during the University's annual open enrollment period.

The adult child or covered employee will be required to pay 100 percent of the cost of the coverage on an after-tax basis. The coverage must be paid for fully in advance of a month of coverage.

The employee must continue University Health Care Plan coverage in order for the child to be covered.

This coverage will end if the child marries; lives, works or resides outside of New York or the service area of the insurer; becomes covered by Medicare; or becomes eligible for coverage through an employer's group health plan. The employee or his/her child must notify the UR Benefits Office in writing if his/her child experiences any of these situations. Coverage may also end if the child fails to pay premiums on time, or for other reasons that would cause a loss of coverage under the University Health Care Plan.

Important: Please note that the qualifying event for purposes of counting the 36 months of available continuation coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) occurs at the time the child originally lost coverage under the University's Health Care Plan. For the first 36 months after the qualifying event, this special adult child coverage, if elected, will also be treated as continuation coverage under COBRA.