# Notice of Conversion Privilege and Request for Information About Medical Conversion of Non-HMO Benefits

If your Aetna group employee medical insurance has terminated because you are no longer working for your employer or because you are no longer a member of a class of employees which is still eligible for medical insurance, you may have the right to convert your Group Medical Expense Benefits to an individual Medical Expense Benefits plan. You must have been continuously insured under the Group Medical Policy for three months or as reflected in your booklet-certificate. If eligible, you may convert coverage **for yourself alone or for yourself and all of your dependents** who were insured under the group medical plan. It is not necessary for you to provide evidence of your or your dependents' insurability. In order for Aetna to determine if you are eligible to convert, your employer must complete the **Notice of Eligibility** on the reverse side of this form.

If your group dependents' medical insurance has terminated due to divorce, annulment or the death of your insured spouse, or if you no longer qualify as a dependent child, you may also have the right to convert your Group Medical Expense Benefits to an individual Medical Expense Benefits plan. It is not necessary for you to provide evidence of your insurability. In order for Aetna to determine if you are eligible to convert, the employer who provided your group medical benefits must complete the **Notice of Eligibility** on the reverse side of this form.

In order to determine if you are entitled to medical conversion:

1. Print your name and address below.
2. Have your former employer complete the Notice of Eligibility on the back of this form.
3. Mail this form to: **Aetna Life Insurance Company**
   **Conversion Unit**
   **P.O. Box 2117**
   **Fall River, MA 02722**

If you are interested in obtaining information about available medical conversion plans you may be eligible for, **you should return this request form promptly,** because you must exercise your medical conversion privilege within 31 days of the date your group medical insurance terminates or within the time shown in your booklet-certificate. Please remember that even if your group medical benefits are being extended because you are disabled, your group medical insurance has terminated and group medical premium payments have stopped. Therefore, you must exercise your medical conversion privilege within 31 days of when your group medical insurance terminates. Converting at the time your group medical insurance terminates assures immediate coverage for you if Aetna determines you are eligible.

If you have other health coverage when you apply for conversion, you may not be eligible for a conversion policy.

If you were insured under a group life policy issued by Aetna, you may be eligible to convert your group life insurance to an individual life policy. If you are eligible, you must submit your completed application and premium payment within 31 days of the date your group life insurance terminates. To obtain information about any Aetna life conversion to which you may be entitled, request from your employer a "Conversion of Group Term Insurance" form.

If I am eligible for medical conversion, please send me a medical conversion application and brochure. I understand I am under no obligation. If I decide to apply, I will submit my completed application and premium payment by the date indicated in the correspondence returned to me with the application and brochure. If I do not respond by this date, I understand I am forfeiting my conversion right.

| Name | | Date |
|---|---|---|
| Street Address | | |
| City | State | Zip Code |

GR-65221w (3-02)

**Please Retain A Copy For Your Files**

# Notice of Eligibility

***This form must be completed and signed by the Group Medical Policyholder.***

| 1. Group Medical Control Number, Suffix & Account | Group Medical Plan |
|---|---|
| Name of Group Medical Policyholder | |
| 2. Name of Employee | Employee's Social Security Number |
| 3. Name of Applicant (If other than Employee) | Relationship of Applicant to Employee |

4. Was Applicant insured under the Group Medical Policy? ☐ Yes ☐ No

5. Name & Relationship of Applicant's Dependents Insured Under the Group Medical Policy

| Were all eligible Dependents covered? ☐ Yes ☐ No | No Dependents were covered. ☐ |
|---|---|

6. Has Employment Terminated? (If Yes, give Date) ☐ Yes, Date _____ ☐ No

7. Date Applicant's Medical Insurance Terminated: _____

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Was Employee actively at work on the date Employment terminated? |
| ☐ | ☐ | Was the Applicant insured for Group Medical Coverage for at least three months prior to the above date (or as shown in the Booklet-Certificate)? |
| ☐ | ☐ | Was Employee actively at work on the date Medical Insurance terminated? |

Reason for Termination: ☐ Lay-off ☐ COBRA ☐ Leave of Absence
☐ Other (Explain) _____

8. Has Applicant applied for any of the following forms of benefits? (If Yes, check which apply.) ☐ Yes ☐ No

- ☐ Life Insurance Disability Benefits (Premium Waiver, Permanent and Total Disability, Disability 65)
- ☐ Long Term Disability Benefits
- ☐ Social Security Disability Benefits
- ☐ State Cash Sickness Benefits
- ☐ Workers' Compensation Benefits
- ☐ Medicare

9. Date Notice of Conversion Privilege given to Employee or Dependent:

10. Location of Aetna Claim Office to which this individual was assigned:

## To the Applicant:

This form must be completed by the employer who provided your Aetna group medical coverage. No information about medical conversion will be sent to you if you do not submit this completed form.

| Signature of Authorized Representative of the Group Medical Policyholder | Date |
|---|---|
| Address | Telephone Number |