



Employer Attestation ARRA State Continuation Employee Subsidy

Please send the completed form to:
Aetna, Inc.
Attention: ARRA
P.O. Box 14390
Lexington, KY 40512

Employer Information - Please Print

Name of Employer		Control Number/Group Number/PSUID	Telephone Number	
Street Address	City		State	ZIP Code

The American Recovery and Reinvestment Act of 2009 (the Act) provides for 65% subsidy on COBRA-comparable state continuation premiums for certain assistance eligible individuals (AEI) for up to 9 months. The AEI pays 35% of the premium.

With respect to state continuation, an individual is an AEI if

- the individual elected state continuation coverage at any time during the period beginning September 1, 2008 and ending December 31, 2009; and
- the continuation coverage qualifying event consists of the involuntary termination of employment; and
- the individual's modified adjusted gross income is not more than \$125,000 (individual filer)/\$250,000 (joint filer).

We are asking that you complete this form for each AEI to assist us in administering the subsidy for the impacted members. According to the Act, it is the insurer's responsibility to fund and seek reimbursement of the 65% subsidy through a payroll tax credit.

Send the completed form to the address at the top of this form. If you have questions, please contact us by accessing our Customer Service department. The telephone number can be found on your most recent premium statement.

Assistance Eligible Individual (AEI) - Please Print

Name		Social Security Number	Aetna ID Number	
Street Address		City		State ZIP Code
Name of State AEI is continuing coverage under (i.e., Kansas, Florida)		Qualifying Event Reason (i.e., involuntary termination)	Qualifying Event Date (AEI's loss of date)	
Length of State Continuation (number of months, days)	Monthly Premium Charged \$	Effective Date of Subsidy*	Termination Date of State Continuation	

* The premium reduction applies on the first "period of coverage" beginning on or after February 17, 2009 and lasts a maximum of 9 months. The premium reduction applies on March 1, 2009 for plans that bill on a calendar month. For groups that do not bill on a calendar month the premium reduction will start on the first day of the billing period. After the maximum of nine months of subsidy, the AEI can elect to continue unsubsidized coverage for the balance of continuation allows under state continuation. An AEI's entitlement to the subsidy also ends when he or she becomes eligible for other group coverage or Medicare, or reaches the maximum COBRA continuation period. There is no premium reduction for premiums paid for periods of coverage prior to February 17, 2009.

Dependent Information - Please Print

Dependent Name	Relationship**	Social Security Number	State	ZIP Code

** Relationship: spouse, son, daughter, stepson, stepdaughter, grandchild, foster child, etc.

I certify that the above employee has been terminated involuntarily.		
Signature	Title	Date

Aetna is the brand name used for products and services provided by one or more of the Aetna brand of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).