

[Name
Address 1
Address 2
City, State Zip
Group Control]

**American Recovery and Reinvestment Act of 2009 (ARRA)
Instruction Sheet: Your response is required.**

Use the envelope provided to return this instruction sheet and any Employee on State Continuation forms or Employer Attestation-ARRA Employee Subsidy forms.

We need your help to identify individuals who are eligible for the subsidy so that our billing area accepts the 35-percent payments where applicable and the appropriate payroll tax credits are documented. Please follow the directions below to ensure a smooth transition.

1. Please answer the following three questions and mail this sheet back to Aetna in the enclosed envelope:
 - a. What is the total number of employees at your company? _____
 - b. How many individuals in your company are on state continuation? _____
 - c. How many individuals in your company on state continuation are eligible for the subsidy program? _____
2. Complete the enclosed Employee on State Continuation form for each individual on state continuation. For example, if you have three individuals who are on state continuation, you should fill out three forms and return to Aetna in the enclosed envelope.
3. Complete the enclosed Employer Attestation-ARRA Employee Subsidy form for *each* individual under comparable state continuation who is an assistance-eligible individual. For example, if you have two employees who are assistance-eligible members, you should fill out two forms and return to Aetna in the enclosed envelope.
4. Provide the ARRA State Continuation Coverage Supplemental Notice to impacted individuals, including the date it is provided.
5. As new individuals become eligible for the subsidy associated with state continuation, please complete the Employer Attestation-ARRA Employee Subsidy form for each individual and include with the enrollment request.

NAME _____
TITLE _____

DATE _____

