



Aetna Life Insurance Company

EMPLOYER CERTIFICATION FORM
ADMINISTRATION WITH RESPECT TO
WAIVER OF GROUP MEDICAL COVERAGE

The purpose of the attached form, WAIVER OF GROUP MEDICAL COVERAGE, is to inform employees who become eligible to enroll in Aetna's (Aetna Life Insurance Company, Aetna Health Plans of California, or Aetna Health Plans of San Diego) group medical plan that failure to elect coverage during their initial enrollment period may result, at the time of a later decision to elect coverage, an exclusion from coverage for all medical conditions for a period of 12 months or until the next open enrollment period, if applicable to your plan, and to an additional exclusion of 180 days (6 months) for any pre-existing condition, if applicable to your plan. For this purpose, the "initial enrollment period" means:

- a) With respect to employer groups newly covered by Aetna (Aetna Life Insurance Company, Aetna Health Plans of California, or Aetna Health Plans of San Diego) the 31 day enrollment period for all employees running from the effective date of this coverage for the group; and
- b) With respect to employees newly hired by any employer who has Aetna (Aetna Life Insurance Company, Aetna Health Plans of California, or Aetna Health Plans of San Diego) coverage, and with respect to a new dependent of any employee with this coverage, the 31-day enrollment period running from the employee's or dependent's eligibility date.

The employer agrees to provide each affected employee with the WAIVER OF GROUP MEDICAL COVERAGE form in connection with the applicable initial enrollment period; to maintain for so long as coverage with Aetna (Aetna Life Insurance Company, Aetna Health Plans of California or Aetna Health Plans of San Diego) continues, the signed forms acknowledging receipt by each affected employee; and to provide a copy of such signed form to Aetna (Aetna Life Insurance Company, Aetna Health Plans of California or Aetna Health Plans of San Diego) in the case of any employee (or dependent) who elects coverage after the initial enrollment period.

The employer understands that Aetna (Aetna Life Insurance Company, Aetna Health Plans of California, or Aetna Health Plans of San Diego) considers the employer's maintenance of such signed forms important to the effective administration of the employer's plan of coverage and that Aetna (Aetna Life Insurance Company, Aetna Health Plans of California, and Aetna Health Plans of San Diego) will be relying upon the employer's cooperation in this regard. The employer further understands that failure by the employer to perform this administrative function may result in termination of coverage.

Name of Company

Signature

Control Number

Name and Title

Date