

SERFF Tracking Number: AENX-126339467 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number: 43747
Company Tracking Number: AH AR0186801F01
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: 2009 Regulatory
Project Name/Number: 2009 Regulatory/AH AR0186801F01

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2009 Regulatory

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001A Any Size Group - PPO

Filing Type: Form

SERFF Tr Num: AENX-126339467 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 43747

Co Tr Num: AH AR0186801F01

State Status: Approved-Closed

Author: SPI AetnaSPI

Reviewer(s): Rosalind Minor

Date Submitted: 10/12/2009

Disposition Date: 10/14/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Regulatory

Project Number: AH AR0186801F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/14/2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/28/2009

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 10/14/2009

Created By: SPI AetnaSPI

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AetnaSPI

Filing Description:

Aetna Life Insurance Company NAIC No. 001-60054; FEIN: 06-6033492

Group Accident & Health Insurance Coverage

Booklet-Certificate Forms GR-9N and GR-9

GR-9N Form Segments: 29-015 05

GR-9 Insert Pages: GR-9 12337 Ed. 04/09

The purpose of this filing is to amend the Special Enrollment section of the subject certificate forms to comply with federal law HR 2, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). CHIPRA requires

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group health plans to allow employees and their dependents (if they are otherwise eligible for the plan) to enroll in the plan if either the employee or dependent loses coverage under the State Children's Health Insurance Program or Medicaid, or the employee or dependent becomes eligible for premium assistance. Unlike the other HIPAA special enrollment events, which require an enrollment period of at least 30 days, the new special enrollment events require an enrollment period of at least 60 days.

Textual variability, as indicated by bracketed material on the forms, is necessary so that only the appropriate benefits, provisions, and language consistent with the plan design selections of the policyholder may be reflected in the plan documents issued to the policyholder. We have included an Explanation of Variability which details the limited ways in which such text may be altered. We assure your Department that any text identified as variable will be changed only in a manner that is (i) compliant with applicable laws and regulations, and (ii) expressly supported by the terms of the Explanation of Variability.

The insert forms will be used with Booklet-Certificate form GR-9N, which was approved on June 23, 2006. Booklet Certificate form GR-9N is issued in conjunction with Group Policy Form GR-29N, which was approved by your Department on June 23, 2006.

GR9 insert pages are intended for use with our certificate form GR-9 in conjunction with the wraparound style policy form GR-29, approved by your Department on November 17, 1987.

The required Certification of Readability accompanies this letter.

Company and Contact

Filing Contact Information

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com

Manager

151 Farmington Avenue 860-279-1282 [Phone]

Mail Stop RW61 860-952-2069 [FAX]

Hartford, CT 06156

Filing Company Information

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut

151 Farmington Avenue Group Code: 1 Company Type:

Hartford, CT 06156 Group Name: Aetna State ID Number:

(860) 273-7546 ext. [Phone] FEIN Number: 06-6033492

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Payment of \$50 as form filing fees.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	10/12/2009	31209283

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/14/2009	10/14/2009

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Disposition

Disposition Date: 10/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	EOV GR-9N 29-15 05	Approved-Closed	Yes
Supporting Document	EOV GR-9 12337	Approved-Closed	Yes
Form	Enrollment	Approved-Closed	Yes
Form	Enrollment Procedure	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GR-9N 29-015 05

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/14/2009	GR-9N 29-015 05	Certificate	Enrollment Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	GR-9N 29-015 05.PDF
Approved-Closed 10/14/2009	GR-9 12337 Ed. 05/09	Certificate	Enrollment Amendmen Procedure t, Insert Page, Endorseme nt or Rider	Initial		0.000	GR-9 12337 Ed_05_09.PDF

Enrollment

Initial Enrollment in the Plan

You will be provided with plan benefit and enrollment information when you first become eligible to enroll. [You will need to enroll in a manner determined by **Aetna** and your employer.] To complete the enrollment process, you will need to provide all requested information [for yourself and your eligible dependents including any evidence of good health]. [You will also need to agree to make required contributions for any contributory coverage. Your [employer] will determine the amount of your plan contributions, which you will need to agree to before you can enroll. Your employer will advise you of the required amount of your contributions [and will deduct your contributions from your pay.] Remember plan contributions are subject to change.

[Your contributions may be reduced due to **Aetna**'s failure to provide agreed upon service levels. Such service levels are guaranteed by **Aetna** and agreed to in writing by **Aetna** and your employer. See your employer for details.]

[You will need to enroll within 30 days of your eligibility date. Otherwise, you may be considered a Late Enrollee. If you miss the enrollment period, you will not be able to participate in the plan until the next annual enrollment period, unless you qualify under a Special Enrollment Period, as described below].

[If you do not enroll for coverage when you first become eligible, but wish to do so later, your employer will provide you with information on when and how you can enroll.

[Newborns are automatically covered for 31 days after birth. [, except for Dependent Life Insurance. For Dependent Life Insurance, newborns are automatically covered from the [14th day] until the 31st day after birth.] To continue coverage after 31 days, you will need to complete a change form and return it to your [employer] within the 31-day enrollment period.]

[Evidence of Good Health (Life and Disability)]

You must provide evidence of good health that is satisfactory to **Aetna** if:

- You request to enroll more than [30-365] days after your eligibility date.
- You request to reinstate coverage that ended because you voluntarily stopped your coverage or you did not make the required contributions.
- [You elect to increase your long term disability coverage, you may become insured for the new amount only if you provide evidence of good health satisfactory to **Aetna**. This applies even if **Aetna** has approved evidence of your good health in the past.]
- [On the Effective Date of this plan, you elect to increase the amount of your long term disability coverage that was in effect under prior coverage, you can become insured for the new amount only if you provide evidence of good health satisfactory to **Aetna**.]
- [You were eligible, but not enrolled, for any group Long Term Disability Coverage sponsored by your employer on the day before the effective date of this plan.]
- [You enroll on the effective date of this plan, for an amount of Long Term Disability [Coverage that is greater than the amount of coverage you had in effect under any group long term disability coverage sponsored by your employer on the day before the effective date of this plan.]
- [You had prior coverage with another carrier.]

[If you are required to submit evidence of good health, you must:

- Complete and sign a health and medical history form provided by **Aetna**;
- Submit to a medical examination, if requested;
- Provide any additional information that **Aetna** may require including verification of monthly earnings and attending **physicians'** statements, and
- Furnish all such evidence at your own expense.]

[Late Enrollment

If you do not enroll during the Initial Enrollment Period, [or a subsequent [annual] enrollment period,] you and your eligible dependents may be considered **Late Enrollees** and:

- [Coverage may be deferred] [up to 12 months] [until the next [annual] enrollment period] [Until the next special enrollment period]
- [May be subject to the dental Late Entrant Rule].

If, at the time of your initial enrollment, you elect coverage for yourself only and later request coverage for your eligible dependents, they may be considered **Late Enrollees**.

You must return your completed enrollment form before the end of the next [annual] enrollment period.

[Late Enrollees are subject to the **Preexisting Condition** Limitation] [dental Late Entrant Rule].]

However, you and your eligible dependents may not be considered **Late Enrollees** under the circumstances described in the *Special Enrollment Periods* section below.

[Late Enrollment Procedure (For Seasonal and Temporary Employees)

You may elect coverage for a late enrollee only during the annual late entrant enrollment period established by your employer.

Coverage for a **Late Enrollee** will become effective on the [1st day of the pay period] [on the first day of the second calendar month] immediately following the date:

- 1) Any late entrant waiting period has been satisfied, and
- 2) The 1st premium payroll deduction has been made for the late enrollee.

Any **preexisting condition** limitation will apply to a Late Enrollee.]

[Annual] Enrollment

During the [annual] enrollment period, you will have the opportunity to review your coverage needs for the upcoming year. During this period, you have the option to change your coverage. The choices you make during this [annual] enrollment period will become effective the following year.

If you do not enroll [yourself or a dependent] for coverage when you first become eligible, but wish to do so later, you will need to do so during [the next [annual] enrollment period], unless you qualify under one of the Special Enrollment Periods, as described below].

Special Enrollment Periods

You will not be considered a **Late Enrollee** if you qualify under a Special Enrollment Period as defined below. If one of these situations applies, you may enroll [before the next [annual] enrollment period].

1. Loss of Other Health Care Coverage

You [or your dependents] may qualify for a Special Enrollment Period if:

- You did not enroll [yourself or your dependent] when you first became eligible or during any subsequent [annual] enrollments because, at that time:
 - You [or your dependents] were covered under other creditable coverage; and
 - You refused coverage and stated, in writing, at the time you refused coverage that the reason was that you [or your dependents] had other creditable coverage; and

- You [or your dependents] are no longer eligible for other creditable coverage because of one of the following:
 - The end of employment;
 - A reduction in hours of employment (for example, moving from a full-time to part-time position);
 - The ending of the other plan's coverage;
 - Death;
 - Divorce or legal separation;
 - Employer contributions toward that coverage have ended;
 - COBRA coverage ends;
 - The employer's decision to stop offering the group health plan to the eligible class to which the employee belongs;
 - Cessation of a dependent's status as an eligible dependent as such is defined under this Plan; or
 - With respect to coverage under Medicaid or an S-CHIP Plan, you or [or your dependents] no longer qualify for such coverage;
 - The operation of another Plan's lifetime maximum on all benefits, if applicable.

- You [or your dependents] become eligible for State premium assistance, with respect to coverage under the group health plan, under Medicaid or an S-CHIP Plan.

- You will need to enroll [yourself or a dependent] for coverage within
 - [31] days of when other **creditable coverage** ends;
 - within [60 days] of when coverage under Medicaid or an S-CHIP Plan ends; or
 - within [60 days] of the date you [or your dependents] become eligible for Medicaid or S-CHIP premium assistance.

Evidence of termination of **creditable coverage** must be provided to **Aetna**. If you do not enroll during this time, you will need to wait until the next [annual] [open] enrollment period.

[2. New Dependents

You and your dependents may qualify for a Special Enrollment Period if:

- You did not enroll when you were first eligible for coverage; and
- You later acquire a dependent, as defined under the plan, through marriage, birth, adoption, or placement for adoption; and
- You elect coverage for yourself and your dependent within [31] days of acquiring the dependent.

Your spouse or child who meets the definition of a dependent under the plan may qualify for a Special Enrollment Period if:

- You did not enroll them when they were first eligible; and
- You later elect coverage for them within [31] days of a court order requiring you to provide coverage.

You will need to report any new dependents by completing a change form, which is available from your [employer]. The form must be completed and returned to **Aetna** within [31] days of the change. If you do not return the form within [31] days of the change, you will need to make the changes during the next [annual] enrollment period.

If You Adopt a Child

Your plan will cover a child who is placed for adoption. This means you have taken on the legal obligation for total or partial support of a child whom you plan to adopt.

Your plan will provide coverage for a child who is placed with you for adoption if:

- The child meets the plan's definition of an eligible dependent on the date he or she is placed for adoption; and
- You request coverage for the child in writing within [31] days of the placement.
- Proof of placement will need to be presented to **Aetna** prior to the dependent enrollment.
- [Any coverage limitations for a **preexisting condition** will not apply to a child placed with you for adoption provided that the placement occurs on or after the effective date of your coverage.]

[When You Receive A Qualified Child Support Order

A Qualified Medical Child Support Order (QMCSO) is a court order requiring a parent to provide health care coverage to one or more children. A Qualified Domestic Relations Support Order (QDRSO) is a court order requiring a parent to provide dependent's life insurance coverage to one or more children. Your plan will provide coverage for a child who is covered under a QMCSO or a QDRSO, if:

- The child meets the plan's definition of an eligible dependent; and
- You request coverage for the child in writing within [31] days of the court order.

Coverage for the dependent will become effective on the date of the court order. Any coverage limitations for a **preexisting condition** will not apply, as long as you submit a written request for coverage within the [31]-day period.

If you do not request coverage for the child within the [31]-day period, you will need to wait until the next [annual] enrollment period.

Under a QMCSO or QDRSO, if you are the non-custodial parent, the custodial parent may file claims for benefits. Benefits for such claims will be paid to the custodial parent.]

Enrollment Procedure

Initial Enrollment

To become covered under this Plan, you must request enrollment during the Initial Enrollment Period for yourself and any eligible dependents you wish to cover. The Initial Enrollment Period starts on your Eligibility Date and ends [30 - 31] days later.

You will get an enrollment form to fill out. This form will allow your Employer to deduct your contributions from your pay. Be sure to sign and return it before the end of the Initial Enrollment Period. Otherwise, you may be considered a **Late Enrollee**.

Your contributions toward the cost of this coverage will be deducted from your pay and are subject to change. The rate of any required contributions will be determined by your Employer. See your Employer for details.

Late Enrollment

If you do not sign and return your enrollment form during the Initial Enrollment Period, [or a subsequent open enrollment period,] you and your eligible dependents may be considered **Late Enrollees** and coverage may be deferred [up to 12 months] [until the next open enrollment period] [until the next late entrant enrollment period.] If, at the time of your initial enrollment, you elect coverage for yourself only and later request coverage for your eligible dependents, they may be considered **Late Enrollees**.

You must sign and return your enrollment form before the end of the next [open enrollment period] [late entrant enrollment period].

[**Late Enrollees** are subject to the Preexisting Condition Limitation.]

However, you and your eligible dependents may not be considered **Late Enrollees** under the circumstances described in the "Special Enrollment Periods" section below.

Special Enrollment Periods

A person, including yourself, will not be considered to be a **Late Enrollee** if all of the following are met:

- You did not elect Health Expense Coverage for yourself or any eligible dependent during the Initial Enrollment Period [(or during a subsequent open enrollment or late enrollment period)] because at that time:
 - i. the person was covered under another group health plan or other health insurance coverage; and
 - ii. you stated, in writing, at the time you refused coverage that the reason for the refusal was because the person had such coverage, but such written statement is required only if your Employer requires the statement and gives you notice of the requirement; and

the person loses such coverage because:

- i. it was provided under a COBRA continuation provision, and coverage under that provision was exhausted; or
- ii. it was not provided under a COBRA continuation provision, and either the coverage was terminated as a result of loss of eligibility for the coverage, including loss of eligibility as a result of:
 - legal separation or divorce;
 - death;
 - termination of employment;
 - reduction in the number of hours of employment;
 - the employer's decision to stop offering the group health plan to the Eligible Class to which the employee belongs;
 - cessation of a dependent's status as an eligible dependent as such is defined under this Plan;

- with respect to coverage under Medicaid or an S-CHIP Plan, you or your eligible dependents no longer qualify for such coverage
- the operation of another Plan's lifetime maximum on all benefits, if applicable; or

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iii. employer contributions toward the coverage were terminated.]

- You elect coverage within [30 – 31] days of the date the person loses coverage, other than Medicaid or S-Chip, for one of the above reasons. With respect to Medicaid or S-Chip, you must elect coverage within 60 days of the date you or your dependents no longer qualify for such coverage.

If you, or any dependent, are eligible, but not enrolled, for coverage under this Plan, and subsequently become eligible for State premium assistance with respect to coverage under this Plan, under Medicaid or an S-CHIP Plan you or your eligible dependent will not be considered to be Late Enrollees and will be permitted to enroll immediately. However, you must request enrollment within 60 days of the date you or your dependent becomes eligible for State premium assistance

[In addition, you and any eligible dependents will not be considered to be **Late Enrollees** if your Employer offers multiple health benefit plans and you elect a different plan during the open enrollment period.]

Also, the following persons will not be considered to be **Late Enrollees** given any of the following circumstances:

- You, if you are eligible, but not enrolled, and your newly acquired dependents through marriage, birth, adoption, or placement for adoption. However, you must request enrollment for your newly acquired dependent(s) and yourself, if you are not already enrolled, within [30 – 31] days of the marriage, birth, adoption, or placement for adoption.
- Your spouse from whom you are separated or divorced, or child who would meet the definition of a dependent, if you are subject to a court order requiring you to provide health expense coverage for such spouse or child. However, you must request enrollment within [30 – 31] days of the court order.

Coverage will be effective:

- i. in the case of marriage, on the [date the completed request for enrollment is received];
- ii. in the case of a newborn, on the date of birth;
- iii. in the case of adoption, on the date of the child's adoption or placement for adoption;
- iv. in the case of court ordered coverage of a spouse or child, on the date of the court order;
- v. in the case of loss of coverage under COBRA continuation, on the date COBRA continuation ended; and
- vi. in the case of loss of coverage for other reasons, the date on which the applicable event occurred.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certificate.PDF	Approved-Closed	10/14/2009

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not Applicable Comments:	Approved-Closed	10/14/2009

	Item Status:	Status Date:
Satisfied - Item: EOVS GR-9N 29-15 05 Comments: Attachment: EOVS GR-9N 29-15 05.PDF	Approved-Closed	10/14/2009

	Item Status:	Status Date:
Satisfied - Item: EOVS GR-9 12337 Comments: Attachment: EOVS GR-9 12337.PDF	Approved-Closed	10/14/2009

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Aetna Inc.
151 Farmington Avenue
Hartford, CT 06156

Stephen W. Halloran
Assistant Vice President
Product & Regulatory Approvals
Law and Regulatory Affairs, RW61
(860) 273-9875
Fax: (860) 259-9389

October 12, 2009

Ms. Rosalind Minor
Life and Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Subject: **Aetna Life Insurance Company, NAIC 001-60054**
Group Accident and Health Insurance Coverage
GR-9N Form Segments: 29-015 05
GR-9 Insert Pages: GR-9 12337 Ed. 04/09

Dear Ms Minor:

The Flesch readability scores for the GR-9 insert pages and GR-9N form segments contained in this filing are shown below.

We hereby certify that, when the certificate insert pages and form segments which comprise this filing are included within the entirety of certificate forms GR-9 and GR-9N, the resulting reading ease score on the Flesch Test will, upon delivery or issuance for delivery in the state of Arkansas, equal or exceed the minimum required score.

<u>Form(s)</u>	<u>Flesch score</u>
1. GR-9N 29-015 05	45.1
2. GR-9 12337	40.4

Sincerely,



Stephen W. Halloran

Aetna Life Insurance Company
Explanation of Variability
GR-9N
29-015
05

Enrollment

General Comments

Throughout this form, either the term 'annual' or 'open' will be included or it may be omitted.

Initial Enrollment in the Plan

1. In the first paragraph, the second sentence may be omitted. In the third sentence, the phrase '*for yourself and your eligible dependents including any evidence of good health*' may be omitted. Furthermore, the reference to evidence of good health only applies to Dependent Life and Accidental Death and Personal Loss insurance coverage. The fourth paragraph may also be omitted.
2. In the first paragraph, references to employee contributions will be omitted if employee contributions toward the premium are not required.
3. The second paragraph will be included only if life, accidental death or disability income contributions may be impacted by performance guarantees.
4. The third paragraph may be omitted for non-contributory plans. If included, the appropriate terms, phrases will be included.
5. The fifth paragraph may be omitted. Newborns may or may not be covered from birth for life insurance. If not covered from birth, for life insurance, dependent children will be covered upon reaching the age of 15 days. This item may range from 1-14 days.

Evidence of Good Health (Life and Disability)

6. The provision for Evidence of Good Health may be changed to Evidence of Insurability. It may be omitted when not part of the policyholders plan. It will apply to Life and Disability products. If included, any bracketed provision may be omitted.

Late Enrollment

7. This item may be omitted as requested by the policyholder. Any bulleted item within the brackets may be omitted.
 - In the first bulleted item, the appropriate reference will be included or the phrase may be revised to indicate a specific timeframe for enrolling.

Late Enrollment Procedure (For Seasonal and Temporary Employees)

8. This item will be included for plans that cover seasonal or temporary employees. The appropriate effective date language will be included. References to the pre existing condition will be omitted if not part of the policyholder's plan.

Special Enrollment Periods

9. Under Special Enrollment Periods, Section1 (Loss of Other Health Care Coverage), the 31 day time period for enrollment may be increased in accordance with the policyholder's plan. However, this time period will never be less than 30 days

Aetna Life Insurance Company

Explanation of Variability

GR-9N

29-015

05

10. Under Special Enrollment Periods, Section1 (Loss of Other Health Care Coverage), the 60 day time period for enrollment may be increased in accordance with the policyholder's plan. However, this time period will never be less than 60 days.

11. Under Special Enrollment Periods, the sub-sections 'New Dependents' and 'When You Receive a Qualified Child Support Order' may be omitted if the plan does not provide coverage for dependents. When included, the time frames may be increased.

Aetna Life Insurance Company
Explanation of Variability

Variability, as indicated by brackets surrounding variable text, is required so that only the appropriate information will be reflected based upon the plan of benefits or provisions selected by the customer.

The standard language of the benefit or provision may be revised, as needed, to accurately reflect future changes. However, any change made to the language will not result in a departure from the intent and purpose of the provision and will be in full compliance with any applicable state laws and regulations.

The placement of the text within the certificate may vary to avoid gaps that would otherwise be created by the deletion of bracketed text. Connective words and phrases, which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of the group policy, may vary as the sense demands.

GR-9
12337
Ed. 05/09

Initial Enrollment

Our standard initial enrollment period runs for a period of 31 days. This may be changed to 30 days at the request of the policyholder.

Late Enrollment

The policyholder may not have an annual open enrollment period. In such case, the references to “the next late entrant enrollment period” will be substituted for the references to “the next open enrollment period.” Alternatively, coverage may simply be deferred up to 12 months.

The sentence pertaining to the preexisting condition limitation will be deleted in the event that the policyholder requests a plan that does not contain a preexisting condition limitation as to late enrollees.

Special Enrollment Periods

The reference to “late enrollment period” will be substituted for “open enrollment” in the event that a policyholder does not choose to offer an open enrollment period.

The reference to loss of coverage because of the termination of employer contributions may be removed if the employer does not contribute toward the cost of the coverage.

We ordinarily allow 31 days from the date of the qualifying event for coverage election in a special enrollment situation, but this may be changed to 30 days at the request of the policyholder.

The paragraph that regards the impact of an employer’s offering of multiple health benefit plan upon special enrollments may be removed at the request of a policyholder who does not offer multiple health benefit plans.

Under the last paragraph, item (i) may be liberalized at the request of the policyholder to make coverage effective as of the date of the marriage.