



**Temporary HINT Supplemental Enrollment Information Form  
Implementing P.L. 2005, c. 375  
Aetna Health Inc. / Aetna Life Insurance Company**

**Important Information Regarding Aetna's Billing Administration**

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Aetna will bill over-age dependents directly and enrollees will remit the premium directly to Aetna. Enrollees will be required to enter an address in the "Billing" section on the Temporary HINT Supplemental Enrollment Information Form even when it is the same as the employee's address.

***Important Note:***

- Although the employee must continue eligibility under the dependent's plan for continued coverage of the dependent, in addition to the additional applicable eligibility criteria, coverage for the dependent will be issued as stand-alone coverage. All cost-sharing requirements and limitations will apply and will not be combined with the employee's policy. Consequently, covered expenses incurred by the over-age dependent will not contribute to family deductibles and out-of-pocket maximums, nor will family incurred expenses contribute to the over-age dependent's deductibles or out-of-pocket maximums.



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**A. Group & Employee Information**

Group Name	Group Number/Control Number
Employee Name	Employee ID Number

**B. Type of Activity (see Important Explanatory Information below)**

**Change - Check all that apply**

Date of Event

\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

- Add dependent over the limiting age, but less than 30  
 Remove dependent over the limiting age, but less than 30

Reason(s): \_\_\_\_\_  
\_\_\_\_\_

**Continuation of Coverage pursuant to P.L. 2005, c. 375**

Date of Event

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Coverage is being effected:**

- During an Open Enrollment  Within 30 days after eligibility for other reasons  
 Within 30 days prior to attainment of limiting age  During special 12-month enrollment

**Billing:**

- Direct bill dependent (add billing address):

Street, Apt. Number: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

**C. Over-age Dependent Information**

Name (Last, First, MI)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (MM/DD/YYYY) ____/____/____	Social Security Number
Other Health Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Rx Drug Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Office ID Number: _____	Ob/Gyn Office ID Number: _____		
Current Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Previous Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the following information AND submit a copy of the certificate of Creditable Coverage that was issued by the previous carrier, if available:		
Effective date of prior coverage: ____/____/____	Termination date of prior coverage: ____/____/____		
Name of prior carrier: _____	Prior plan number: _____		

**D. Signature**

Employee	Date
Dependent	Date

**IMPORTANT EXPLANATORY INFORMATION**

An adult child may request to continue as a dependent on his or her parent's coverage even after the child reaches the limiting age under the terms of the policy if the adult child:

- is not yet 30 years old
- is unmarried
- has no children
- lives in New Jersey or, if not a New Jersey resident, is a full-time student at an accredited institution of higher education
- is not eligible for Medicare and is not actually covered under another group or individual health plan.

An adult child may make the request to continue as a dependent on his or her parent's coverage either:

- when he or she reaches the limiting age
- when he or she first becomes eligible for a reason other than reaching the limiting age (for example, the adult child becomes a full-time student in another state, or returns to live in New Jersey after residing elsewhere), or
- during the open enrollment period for the group of which the parent is a member.

In addition, adult children who reached the limiting age under the parent's coverage prior to May 12, 2006 may make an enrollment request at any time from May 12, 2006 through May 11, 2007. The adult child or covered employee may be required to pay up to 102% of the cost of the dependent premium.