

Instructions - Instructions are provided only for those fields which are not self-explanatory or for which you may need additional information.

A. Transaction Information

*Make sure you complete the **Effective Date** in Section **A** - Transaction Information.*

*Make sure you read Section **D**. **Sign Name and Date**.*

To Enroll

- Complete **Effective Date** and **Date of Hire** in Section **A** - Transaction Information.
- Check the box(es) applicable to the benefit(s) you wish to enroll for in Section **A** - Transaction Information and check **Add Coverage**.
- Complete **all** blank fields in Section **B** - Employer Information and Section **C** - Employee Information.
- Make sure you read Section **D** - Certification. Sign Name and Date.

To Terminate Coverage (Cancel)

- Check the box(es) applicable to the benefit(s) you wish to terminate in Section **A** - Transaction Information and check **Terminate Coverage (Cancel)**.
- Complete **all** blank fields in Section **B** - Employer Information and Section **C** - Employee Information.
- Make sure you read Section **D** - Certification. Sign Name and Date.

To Change

NOTE: All changes require the completion of the **Effective Date** and **Employee Social Security Number**.

- Increase Coverage

- Check the box(es) applicable to the benefit(s) you wish to increase coverage of in Section **A** - Transaction Information.
- Check **Increase Coverage** and provide the new plan name or the amount of coverage you are increasing to in Section **A**.
- Complete **all** blank fields in Section **B** - Employer Information and Section **C** - Employee Information.
- Make sure you read Section **D** - Certification. Sign Name and Date.

- Decrease Coverage

- Check the box(es) applicable to the benefit(s) you wish to decrease coverage of in Section **A** - Transaction Information.
- Check **Decrease Coverage** and provide the new plan name or the amount of coverage you are decreasing to in Section **A**.
- Complete **all** blank fields in Section **B** - Employer Information and Section **C** - Employee Information.
- Make sure you read Section **D** - Certification. Sign Name and Date.

- Change Employee Information

- Check the applicable box(es) in Section **A** - Transaction Information.
- Complete **all** blank fields in Section **B** - Employer Information.
- Complete Section **C** - Employee Information.

B. Employer Information

The Servicing Field Office (B4) and Claim Office Code (B6) are assigned by Aetna.

B2. **Control, Suffix and Account** - If this information is not preprinted, provide the complete Control, Suffix and Account numbers.

B3. **Plan Number** - If this information is not preprinted, refer to the Plan Sheet to determine the correct Plan Number.

B7. **Customer Code (Optional)** - Provide an identifying Customer Code for the employee only if you had elected to provide this information.

C. Employee Information

To be completed by Enrollee.

C3. **Birthdate** - Date of birth should include **four digit year of birth**.

D. Certification

Signatures Required

- Read the information contained above the space provided for your signature in Section **D** and the information on the back of the form.
- **Sign name and date the form.**