

Employer Information	1			
Group Policy Number	Policyholder Name			
Employee Information				
Name (Last, First, Middle Initial)				Social Security Number
Marital Status		Date of Er	mployment	Date of Birth (MM/DD/YYYY)
☐ Single ☐ Married ☐ Widowed ☐ Divorced		Date of Li	шрюушен	Date of Bitti (WW/DD/1111)
	Widowed Bivoleed			
Refusal (please check th	e appropriate box)			
		p health benefits offer	red by my employ	yer and insured by Aetna, Inc. I
refuse the following:		•		•
☐ Employee, Spouse and	Child(ren) coverage ☐ Spous	e coverage	□Child(ren) co	verage
	ease check all appropriate box	es)		
	n sponsored by this employer			
-	n sponsored by another organ			
☐ Other Group Health Pla	n sponsored by my spouse's o	mployer		
☐ Other reasons (please e	xplain)			
☐ Other reasons (please e	xplain)			
Please identify Group	Health Plan(s) and provi	le name(s) of Policy		rier(s) and policy number(s)
Please identify Group	<u></u>	le name(s) of Policy	yholder(s), car	
	Health Plan(s) and provi	le name(s) of Policy		
Please identify Group Policyholder Name	Health Plan(s) and provi Carrier	le name(s) of Policy	Policy N	Number
Please identify Group Policyholder Name	Health Plan(s) and provi	le name(s) of Policy		Number
Please identify Group Policyholder Name	Health Plan(s) and provi Carrier	le name(s) of Policy	Policy N	Number
Please identify Group Policyholder Name	Health Plan(s) and provi Carrier	le name(s) of Policy	Policy N	Number
Please identify Group Policyholder Name Policyholder Name	Health Plan(s) and provi Carrier Carrier		Policy N Policy N	Number
Please identify Group Policyholder Name Policyholder Name	Health Plan(s) and provi Carrier Carrier	ndents (including your	Policy N Policy N r spouse) because	Number Number of other Group Health Plan cover
Please identify Group Policyholder Name Policyholder Name f you are declining enrollr you may in the future be all	Health Plan(s) and provi Carrier Carrier ment for yourself or your dependence to enroll your de	ndents (including your	Policy N Policy N r spouse) because provided that yo	Number Number of other Group Health Plan covera
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