TO COMPLY WITH CALIFORNIA LAW WHEREVER THE TERM "SPOUSE" APPEARS IT SHALL BE CONSTRUED TO INCLUDE DOMESTIC PARTNER.

Aetna®

California Small Group Business
Employer Dental/Life Group Election Form

This application is to be used by existing Aetna Small Groups within 60 days of the original Aetna Medical effective date.

Life, Accidental Death & Dismemberment, and Disability are underwritten by Aetna Life Insurance Company. Dental plans are provided by Aetna Dental of California, Inc. and Aetna Life Insurance Company

Group Name	Effective Date (MM/DD/YYYY)

Dental Coverage Selection

Standard Plans:

- ☐ 1 - DMO Basic
- ☐ 2 - DMO Plus
- ☐ 3 - Freedom-of-Choice Basic
- ☐ 4 - Freedom-of-Choice Plus
- ☐ 5 - PPO $1,000
- ☐ 6 - PPO $1,000 Active
- ☐ 7 - PPO $1,000 Max
- ☐ 8 - PPO $1,500
- ☐ 9 - PPO $1,500 Active
- ☐ 10 - PPO $2,000
- ☐ Out-of-State PPO: ☐ $1,000 ☐ $1,500 ☐ $2,000

Voluntary Plans:

- ☐ V1 - Vol. DMO Basic
- ☐ V2 - Vol. DMO Plus
- ☐ V3 - Vol. PPO $1,000
- ☐ V4 - Vol. PPO $1,000 Active
- ☐ V5 - Vol. PPO $1,000 Max
- ☐ V6 - Vol. PPO $1,500
- ☐ V7 - Vol. PPO $1,500 Active
- ☐ Out-of-State PPO: ☐ $1,000

Orthodontia coverage is included in Standard Plan Options 1, 2, 3, 4, 8, 9, 10 and Voluntary Plan Options V1, V2, V6 and V7 for groups with 10 or more eligible employees only.

Life, Accidental Death & Dismemberment and Disability Coverage Selection

Groups with 10 to 50 eligible employees may select one, two or three options for Life, Accidental Death & Dismemberment and Disability, with a minimum requirement of three employees in each option. If more than one option is selected, describe each class of employees, indicate the amount selected for each class and attach a list of employee's names with each class designation. (Limited to 3 classes. The highest option selected can be no more than 5 times the lowest option.)

	Class 1		Class 2		Class 3	
	Life*	or Life & Disability Packaged Plan	Life*	or Life & Disability Packaged Plan	Life*	or Life & Disability Packaged Plan
All Groups	☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $50,000	☐ Low ☐ Medium ☐ High Plans include Dependent Term Life.	☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $50,000	☐ Low ☐ Medium ☐ High Plans include Dependent Term Life.	☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $50,000	☐ Low ☐ Medium ☐ High Plans include Dependent Term Life.
Additional options for Groups with 10 – 50 eligible employees	☐ $75,000 ☐ $100,000 ☐ $125,000		☐ $75,000 ☐ $100,000 ☐ $125,000		☐ $75,000 ☐ $100,000 ☐ $125,000	
Class Description						

***Optional Dependent Term Life** (Available only to groups with 10 to 50 eligible employees.) ☐ Yes ☐ No

Employer Contribution(s)

Coverage	Dental	Employee Life	Dependent Life	Disability
Employer's Contribution for Employee			NA	
Employer's Contribution for Dependent		NA		NA

Prior Carrier Information

	Dental	Life	Disability
Is coverage transferring from another carrier?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, provide Carrier Name			
Effective Coverage Date			
Proposed Termination Date			
Total Replacement			
If prior carrier is Aetna, provide Group/Control Number			
Dental Only – Prior coverage included, check all that apply:	☐ Major Services ☐ Orthodontia		

NOTICE: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THE FOLLOWING BEFORE YOU SIGN. By completing this Employer Election Form, I agree to and with the following:

1. This coverage is contingent upon acceptance under the Aetna medical coverage.
2. All items and conditions agreed upon under the Aetna **California** Small Group Business Employer Application apply to any of the Dental or Life products.

Authorized Applicant Signature	Official Title	Date (Month/Day/Year)
X		