



Renewal Date Change Request

This form is to be used only by plan sponsors of fully insured ERISA groups with 51-100 employees that currently purchase coverage in the large group market with renewal dates between July 2015 and November 2015.

Group Name: _____

Group Policy(ies)/Supergroup Number(s): _____

Group Request & Acknowledgment. As a duly-authorized representative of the plan sponsor of the above-named Group plan, I request that Issuer, by which I mean the company (or companies) that underwrites, offers or insures the Group's current medical coverage, renew for a 12-month term all medical products associated with the above-referenced Group Policy/Supergroup Number on December 1, 2015, prior to the normal renewal date.

In making the decision above, I acknowledge, understand and voluntarily agree that:

- General ERISA Compliance.** Group is responsible to determine how to structure its ERISA benefit Plan and otherwise comply with all ERISA requirements. Group will perform all compliance functions required by law to effect the above-referenced requests, which may include, among other things: notifying employees of the termination and policy year effective date, providing a new open enrollment period, downloading and distributing new Summary of Benefits and Coverage documents.
- ERISA Plan Year.** Group has selected December 1 as the date its ERISA Plan Year begins. If the ERISA Plan Year was modified to start on a later date, this may impact Group's treatment under the "pay or play" employer shared responsibility law. If needed, I will confirm that Internal Revenue Code Section 215 Cafeteria Plan documents have been adapted to the change in the ERISA Plan Year.
- Accumulators.** If the schedule of benefit accumulators, deductibles and other benefit features and limits accumulate on a non-calendar year basis, Issuer will reset these on December 1, 2015. If the schedule of benefit accumulators, deductibles and other benefit features and limits accumulate on a calendar year basis, Issuer will reset these at the new calendar year.
- Renewal.** As is typical with a renewal, Issuer has and reserves the right to perform actions that normally occur with a product renewal.
- Other Coverages** Group requests, and understands, that all Ancillary Products Group maintains with Aetna will move to the new December 1 renewal date. Ancillary products include dental, vision, group life and group disability, depending on what Group has purchased. Group agrees that the acknowledgements and obligations Group made above in Paragraphs 1-4 shall also apply to Ancillary Products, as applicable.

The above statements are true and accurate. **Form must be received by Aetna no later than** _____.

Please submit form to: _____

Signature: _____

Printed Name: _____

Title: _____

Date Signed: _____