

Deductible Credit Form

Amounts applied toward your calendar year deductible on your previous group health plan will be credited to your calendar year deductible on your new Aetna plan if

- You are a member of a **NEW** group plan that has transferred its coverage from another insurance carrier with no break in coverage.
- A copy of an **Explanation of Benefits** or a statement from your prior insurance carrier is attached.
- You provide this form within 90 days of transfer to the Aetna plan

Please fax this form with the attachments to 1-866-474-4040
With the subject line: **Deductible Credit SFRE**

Employee Name: _____

Employee Aetna ID #: _____

Employee SS#: _____

Group Name: _____

	<i>Date of Birth</i>	<i>Medical Deductible Met</i>
Employee: _____	____ / ____ / ____	\$ _____
Dependent: _____	____ / ____ / ____	\$ _____
Dependent: _____	____ / ____ / ____	\$ _____
Dependent: _____	____ / ____ / ____	\$ _____
Dependent: _____	____ / ____ / ____	\$ _____
Dependent: _____	____ / ____ / ____	\$ _____

The information provided here is true to the best of my knowledge.

Employee Signature

_____ Date _____