

# Deductible Credit Form

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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**

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Employee Name: \_\_\_\_\_

Employee Aetna ID #: \_\_\_\_\_

Employee SS#: \_\_\_\_\_

Group Name: \_\_\_\_\_

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

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

Employee Signature

\_\_\_\_\_ Date \_\_\_\_\_