



CIGNA HealthCare

Termination Date:

Employer:

Dear:

Our eligibility files indicate that your above named dependent is presently covered under your group's insurance policy as a full time student. Under the terms of your plan, your dependent child may be eligible to continue coverage if he/she is unmarried, primarily supported by you, and enrolled in school as a full-time student (e.g.: high school, higher education-12 or more credit hours, or considered as full-time by the accredited higher educational program).

**To request continued Full-time Student eligibility for your dependent**, you will need to complete, sign, date, and return the enclosed Student Certification Affidavit within 60 days of the date of this letter. Please be aware that if the Affidavit is not received by CIGNA HealthCare within the required 60 days your dependent's coverage will be terminated on the date noted above.

CIGNA HealthCare will review the information and a determination of coverage for your dependent will be made. If continuation of coverage is not approved, you will be notified accordingly.

**To continue coverage under COBRA** when your dependent ceases to be eligible under plan terms, you must notify your employer's Benefits Administrator, or other person designated by the employer. He/She may be eligible to elect continuation of coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act). If you do not notify your employer, your dependent may lose the opportunity to apply for COBRA continuation. The Benefits Administrator will provide a detailed explanation of the continuation rights available, including costs.

If at any time in the future, your dependent no longer meets the definition of an eligible dependent, you must notify CIGNA HealthCare and your Human Resource Benefits Administrator. Please call the telephone number on your ID Card to notify CIGNA HealthCare. If you have any questions or need further assistance, please call us at the toll-free Member Services number or Customer Services number on your CIGNA HealthCare ID card. A representative will be happy to help you.

Sincerely,

ELIGIBILITY SERVICES

"CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

In Arizona, HMO Plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.