

## APPLICATION INSTRUCTIONS

**Section 1 – Applicant Information:** The fields in this section are the employee’s personal and demographic information. Please be sure **ALL** information in this section is completed. **Full Social Security Numbers are REQUIRED.**

**Section 2 – Employment Status:** Check the box applicable to your situation.

**Full time** employees work 40 hours per week regardless of status (acting capacity, intern, seasonal, etc.). Judicial employees work 35 hours per week.

**Part time** employees are anything less (<) than full time (see above)

**Intermittent** employees are those who are considered “per diem” or “only as needed” and are eligible for coverage. Please contact your Human Resources department for more information.

**Section 3 – Reason for Application:** Please make sure one of these boxes is checked and this section is completed fully before submitting. Other than during annual enrollment, changes may only be made within 60 days of a qualifying life event. The list of qualifying life events can be viewed at our website [www.maine.gov/deh](http://www.maine.gov/deh).

**Section 4 – Prior and Other Coverage:** If you had prior insurance coverage or currently have another insurance policy in addition to your State of Maine policy, please complete this section. This information is used by the insurance carrier for correct coordination of benefits. This information is also helpful for this office to determine if dual coverage (an employee on two separate State of Maine policies) would be an issue.

**Section 5 – Family Information:** Please only provide information on applicants (yourself as subscriber and/or dependents) with whom you want to add and/or drop. You do not need to complete applicant information for those who are not changing coverage. Please go to <http://www.aetna.com/docfind/custom/stateofmaine/> to find the Aetna Primary Care Physician (PCP) Pin number, this number is 7 digits long and should be written next to the full name of your Primary Care Physician.

**Signature/Date:** All applications require a signature and date. No electronic or stamped signatures are accepted at this time.

**Section 6 – Employee Health & Benefits:** **This area is designated for Employee Health & Benefits staff use only.** Employees, dependents and/or Human Resource Personnel, please do not mark in this area.

**Any application received and deemed incomplete or not legible will be rejected. The application will be returned to the employee for completion. Effective dates are driven by the date our office receives a complete application. It will be very important for employees and/or Human Resource Personnel ensure they review the application before it is submitted to our office to prevent delay in processing. If an application is returned for any reason, the completed application still must be received within 60 days of the qualifying life event.**