

Easy Pay from Aetna

Save yourself the time and trouble of bill paying.

A fast and easy way to pay your premium ...

Easy Pay from Aetna automatically withdraws your plan premium payment from your checking account on the date it is due.

Who? Anybody who's currently enrolled or has been accepted into an Aetna Advantage Plans for Individuals, Families and the Self-Employed plan may apply to take advantage of Easy Pay. Also, as long as you have a checking account and are a customer in good standing, you may participate in this billing plan.

To apply, simply fill out the form on the next page and mail or fax it back to us.

When? Billing starts either the 1st or 15th of the month following the last invoice on record. So please continue to send plan premium payments by mail until then.

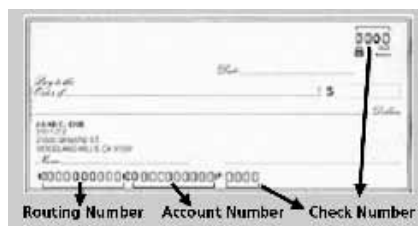
You will not receive a paper invoice when you are enrolled in Easy Pay. Plan premium payments will appear on your bank statement as "Aetna Autodebit Coverage."

Why? Easy Pay helps you save on your costs of checks, envelopes and postage. Plus, you don't have to worry about your plan premium payment being late or getting lost in the mail.

Questions? Call 1-866-772-3862 or, for the hearing impaired, call (TTY/TDD) **1-800-628-3323**. All we need is 30 days' notice to process your request.

Please notify us of any account changes.

Apply today with the form on the next page.



No more checks ... no more envelopes ... no more postage

Payment Authorization Application

Here's how to apply:

1. Fill out the information below.
2. Return to:
Aetna
Attn: EFT
P.O. Box 730
Blue Bell, PA 19422

Or fax to:
860-975-1620

Member information:

Aetna Member ID No.: _____
Name _____
Address _____
City _____
State _____ Zip _____
Telephone _____

To receive confirmation of the start date for your automatic payments, please provide your e-mail address.

E-mail _____

Checking account information:

Name(s) on Checking Account

Checking Account # _____

Routing #

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Name of Bank _____

IMPORTANT — Please read and sign.

Terms of Agreement: I have an account(s) at the financial institution named and, for all debit entries, have funds sufficient to pay such entries. Electronic debit entries shall be initiated by Aetna to pay Aetna plan premiums and other charges for the listed health care policies or other policies as authorized, and the entries shall constitute my receipt for the transaction(s). No payment to Aetna shall be deemed to have been made unless and until Aetna receives full and final credit for the payment. I also understand that if corrections to the entry are necessary, they may involve an adjustment to my account. I understand my direct electronic payment of the Aetna plan premium will be debited on or after the premium due date, the 1st or 15th of every month.

NOTE: All terms and conditions of the Aetna Advantage Plan policy shall remain in full force and effect. Aetna reserves the right to refuse or terminate electronic payment services at any time. This agreement is to remain in effect until Aetna or the member terminates it. For the termination to be effective and to discontinue electronic withdrawal, the termination notice needs to be received 10 days prior to the next scheduled withdrawal.

Joint accounts require the signature of ALL persons having authority over the account. Please be sure all joint account holders sign below regardless of who is applying.

Signature X _____

Signature X _____

Aetna Advantage Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company (Aetna) directly and/or through an out-of-state blanket trust or Aetna Health Inc. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. These plans are medically underwritten and you may be declined coverage in accordance with your health condition.

