

SAVE yourself the time and trouble of bill paying...

Quick Charge from Aetna automatically withdraws your Aetna Medicare Advantage or Aetna Medicare Rx[®] plan premium from your bank account or charges the premium to your credit card on the date it is due.

Who? If you are an Aetna Medicare Advantage or Aetna Medicare Rx plan member in good standing and have a credit card or checking account, you may apply.

When? Billing starts the first of the month following the last invoice on record. So please continue to send payments by mail until then.

Why? Quick Charge helps you save on your costs of checks, envelopes and postage. Plus, you never have to worry about your plan premium payment being late.

Simply Call 1-888-268-9800
(TTY/TDD 1-888-760-4748).

All we need is 30 days notice to process your request.

Apply today with the attached form.

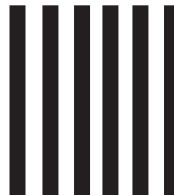
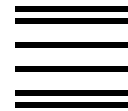


Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage are Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company.

CONFIDENTIAL

BE-31 (2-10) A/R

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 165 HARTFORD CT
POSTAGE WILL BE PAID BY ADDRESSEE
ATTN MEDICARE BILLING DEPT
AETNA
PO BOX 3013
BLUE BELL PA 19422-9813



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Billing Authorization Application
YES! I'm applying for the Aetna Quick Charge Billing Plan. My Aetna member ID number (from the front of my Aetna Medicare member ID card) is:

Here's How to Apply:

1. Fill out the information below.
2. Choose a billing option.
3. Please be sure to sign the back of this application.
4. Cut on the dotted line and enclose this panel in the postage-paid envelope.

Member Information:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____

Choose Your Billing Option:

Checking Account Option
Name(s) on Checking Account:

Checking Account No.:

Please mark "VOID" on a blank check that shows your preprinted account number and enclose it with this application.

Credit Card Option

Name(s) on Card: _____
Cardholder Address: _____

City: _____
State: _____ Zip: _____

VISA[®] MasterCard[®] AMEX[®]
Account No.: _____

Expiration Date: _____

Important - Please read and sign.

Terms of Agreement: I have an account(s) at the financial institution named and, for all debit and charge entries, have funds sufficient to pay such entries. Electronic debit, charge or credit entries shall be initiated by Aetna to pay 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 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 plan premium will be debited or charged on or after the premium due date, the first of every month.

Note: Aetna reserves the right to refuse or terminate electronic payment services at any time. This agreement is to remain in effect until Aetna or member terminates it. Aetna may require 48 hours to process member's notice of termination.

Aetna Medicare Advantage or Aetna Medicare Rx plan members must continue to pay their Part B premium and Part A if applicable.

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

Signature X: _____

Signature X: _____

(Over, please...)



Please enclose your completed, SIGNED application and VOIDED check if you have chosen the checking account option ONLY in this postage-paid envelope, seal and mail.

