

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 Health Inc. 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 Health Inc. Group Agreement 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.

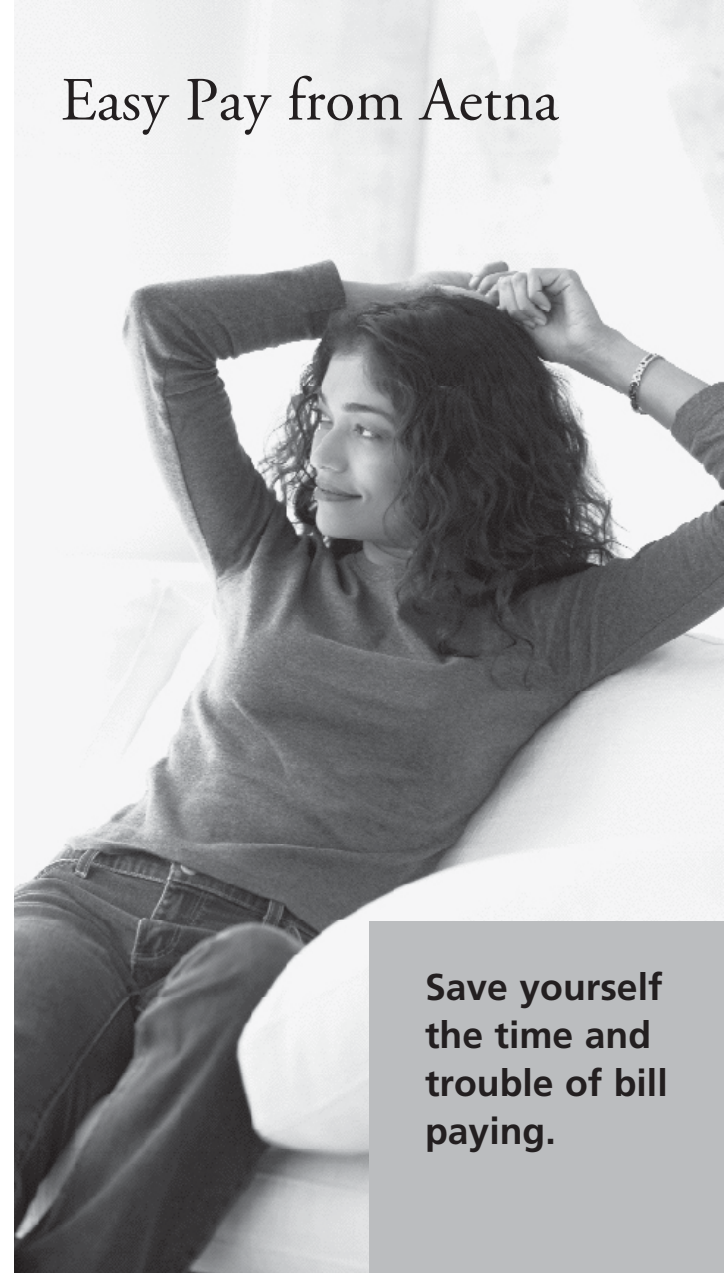
Signature X _____

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. In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.



Easy Pay from Aetna



**Save yourself
the time and
trouble of bill
paying.**



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



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



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 attached form.



Routing Number Account Number Check Number

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

Who? Anybody who's currently enrolled or has been accepted into an Aetna individual 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 right, cut it off from the rest of the brochure, and mail it back to us in the envelope provided.

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

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

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 #

□ □ □ □ □ □ □ □ □ □

Name of Bank _____