



Aetna® Vital Savings Enrollment Form

A Discount Plan offered by Aetna. This is not insurance.

To join, mail this form to Aetna® Vital Savings, 7400 Gaylord Parkway, Frisco TX 75034.

You can also sign up by calling us toll free at 1-866-36-VITAL (1-866-368-4825) or online at www.aetnavitalgroupsavings.com.

Promotional Code 882016-018					
First Name		MI	Last Name		
Address		Apt	City	State	ZIP
Date of Birth (MM/DD/YYYY)	Gender ☐ Male ☐ Female		Home Telephone		Work Telephone

A. If you select the Family option, please provide the following information for members you wish to include.

Dependent Name	Relationship	Gender (check one)	Birth Date (mm/dd/yyyy)
		☐ M ☐ F	/ /
		☐ M ☐ F	/ /
		☐ M ☐ F	/ /
		☐ M ☐ F	/ /
For official use only	MBR#	GRP	EFF DATE

B. Indicate the Billing Method and Plan Rate you choose by checking the appropriate box below.

- Example # 1: An enrollee selecting Annual Billing for a family would pay \$84 total for the year.

- Example # 2: An enrollee selecting Monthly Billing for a family would pay \$7 x 12 = \$84 total for the year.

Choose the Billing Method that suits you best.

Billing Method	Plan Rate	Aetna® Vital Savings	Billing Method	Plan Rate	Aetna® Vital Savings
Monthly Billing	Single	\$4.00 ☐	Annual Billing	Single	\$48 ☐
	Family	\$7.00 ☐		Family	\$84 ☐

C. Payment Options - You may pay by check, credit card or bank draft. Please select the option below.

Check - Payment by check is only an option for annual participation. - You will receive an invoice for your annual fee each year prior to your renewal date. - You must notify us in writing to cancel your participation in the program.		Credit Card or Bank Draft - You may choose annual or monthly billing. - We will automatically charge your account for the amount specified each period (either monthly or annually based on your selection). - For your convenience, renewal is automatic. You must notify us in writing to cancel your participation in the program.	
Select payment method			
☐ Bill my credit card (check one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover		Name on card	
		Card Number	Expiration Date
☐ Bill my checking account - Include voided check with participation form		Bank/Institution Name	Name of Account Holder
		Routing Number	Account Number
☐ Use the enclosed check as payment		Please make your check payable to Aetna Life Insurance Company.	
I authorize Aetna and its agent/contractors to bill my credit card or checking account for the Program I have selected. I understand this charge shall remain in force until I notify Aetna in writing of a change, or unless Aetna notifies me in writing 45 days in advance of a change. I understand that if I am not satisfied with Aetna® Vital Savings for any reason within the first 30 days after the effective date, I may cancel my participation and receive a full refund.			
Signature Required			Date

The Aetna® Vital Savings (the "Program") is not insurance. The program does not meet the Minimum Creditable Coverage requirements in Massachusetts. It provides Members with access to discounts at certain health care providers for medical and dental services. These discounts are discounted fees according to schedules negotiated by Aetna Life Insurance Company for the Aetna® Vital Savings discount program. The range of discounts provided under the Program will vary depending on the type of provider and type of service received. The Program does not make payments directly to the participating providers of medical and dental services. Each Member is obligated to pay for all services or products but will receive a discount from those health care providers who have contracted with the Discount Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-866-368-4825, is the Discount Plan Organization www.aetnavitalgroupsavings.com.

For more information or to find a participating program provider, visit us online at www.aetnavitalgroupsavings.com.

Member Agreement

The Aetna® Vital Savings program (the "Program") is not insurance. The Program gives Members access to discounted fees. The discounted fees are negotiated by Aetna for the Aetna Vital Savings discount program. Under the Program:

- Members must make payments directly to the providers in the Program. The Program does not make any payments to providers.
- The amount of the discounts will vary depending on the provider and the services or products received.
- Members will only receive a discount from the providers who have contracted with Aetna to participate in the Program.
- Aetna Life Insurance Company ("Aetna"), 151 Farmington Avenue, Hartford, CT 06156, 877-698-4825, www.aetnavitalgroupsavings.com, is the Discount Plan Organization.

This Member Agreement describes the terms, limitations and exceptions that apply to the Program. When you submit your enrollment form and make payment, the enrollment form and this Member Agreement are considered the complete agreement between the Member and Aetna. This Member Agreement applies to:

- the enrollee whose name is listed on the Aetna Vital Savings ID Card and
- any dependent whose name is listed on the enrollment form.

If, for any reason, you are not totally satisfied with the Program, you can cancel your membership by notifying us in writing.

- **If you notify us within 30 days of your effective date**, we will fully refund your money.
- **If you notify us more than 30 days after your effective date**, we will not charge you any more fees, and we will reimburse you for any remaining full months you already paid.

The rates charged for the program are listed on the Aetna Vital Savings enrollment form. Once you cancel, you do not have to make any further payments and you will no longer be entitled to discounts for any time after your last payment.

1. Aetna does not pay any benefits to Members or providers. Aetna does not insure or guarantee any services under the Program. Members arrange for care (and for the payment) directly with the provider. Members are responsible for the entire cost of the care.
2. If the Member does not follow the terms of this Member Agreement, Aetna can immediately end the Member's participation in the Program. This includes, but is not limited to, failing to pay providers on time or giving the Member's ID card to an unauthorized person.
3. Providers are independent contractors. They are not employees or agents of Aetna or its affiliates. The treating provider, and not Aetna, is responsible for the care provided. The availability of any particular provider is not guaranteed. The list of providers in the network may change without notice.
4. Providers in the Program have agreed to provide certain services and supplies to Members at a lower cost than the provider's usual fees. In order to get the Program's discounted rates, a Member must show his/her Program ID card to the provider's office at the time of the appointment. Members should pay providers at the time of service, unless the Member and provider agree to a different arrangement. Members are subject to the provider's late payment and other office policies.
5. In addition to access to discounts from providers in the Program, Aetna may also give Members access, at no extra charge, to other programs. These other programs offer access to health-related services at discounted or special rates. Any such programs are offered by independently contracted vendors who are not employees or agents of Aetna. The vendors of such "value-added" services are solely responsible for the products and services they provide. Vendors of value-added services are not credentialed by Aetna. Aetna may receive a fee from some of these vendors for Members who use them.
6. The Program might not be available in all states, either now or in the future. Aetna has the right to change or end the Program in any state or other area with 30 days' prior written notice to Members.
7. Member's Plan Charge may increase if Member changes from a single to a family plan. Members may add or remove family members by contacting Aetna at 1-866-368-4825 (1-866-36-VITAL). Members may also change from monthly to annual billing. Members may also make these changes by logging on to www.aetnavitalsavings.com and downloading a Member Change Form to complete and mail to Aetna, or by completing an Online Member Change Form. (This online form may only be used for adding members.)
8. Aetna has the right to end a Member's participation in the Program for any reason, with 30 days' prior written notice. Otherwise, the term of this Member Agreement starts on the date the Member ID Card becomes effective. The Member Agreement will stay in effect until it is canceled by the Member or Aetna.

(continued)

Member Agreement (*continued*)

Aetna has a process for resolving complaints. Members may file a complaint at any time. To file a complaint:

- Call: 1-888-238-4825 or
- Mail a written complaint to: Aetna Life Insurance Company, Customer Resolution Team, PO Box 14597, Lexington, KY 40512.
- **Contact your state insurance department, if you are still dissatisfied at the end of our complaint process.**
- If you have questions about the Aetna Vital Savings dental program, our dedicated team of trained service professionals will help you. Please call 1-866-368-4825 or (1-866-36-VITAL). For TDD (hearing and speech impaired only), call 1-800-234-3730.
- If you have questions about the Aetna Vital Savings Plus Rx program, please contact 1-800-238-6279

Once submitted, enrollment data can only be changed by calling the Aetna Vital Savings Customer Service at 1-866-368-4825 or (1-866-36-VITAL).

DOWNLOAD AND PRINT-OUT A COPY OF THIS ENROLLMENT FORM FOR YOUR RECORDS.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-238-4825.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

For language assistance in your language call 1-888-238-4825 at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al 1-888-238-4825. (Spanish)

欲取得繁體中文語言協助，請撥打1-888-238-4825，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le 1-888-238-4825 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 1-888-238-4825 nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 1-888-238-4825 an. (German)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني 1-888-238-4825. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 1-888-238-4825 gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-888-238-4825. (Italian)

日本語で援助をご希望の方は、1-888-238-4825 まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-888-238-4825 번으로 전화해 주십시오.
(Korean)

برای راهنمایی به زبان فارسی با شماره 1-888-238-4825 بدون هیچ هزینه ای تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 1-888-238-4825. (Polish)

Para obter assistência linguística em português ligue para o 1-888-238-4825 gratuitamente.
(Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 1-888-238-4825. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 1-888-238-4825. (Vietnamese)