



Vital Savings by Aetna® Program Direct Billed Change Form

Yes! Please update my Vital Savings by Aetna® program information.
 Mail this form to Vital Savings by Aetna, 7400 Gaylord Parkway, Frisco TX 75034. To avoid processing delays, please complete the form in its entirety. You can also make changes to your participation by calling us toll free at **1-866-36-VITAL (1-866-368-4825)** or at www.vitalsavingsbyaetna.com.

A. Check The Information You Would Like To Update.

<input type="checkbox"/> Name Change	<input type="checkbox"/> Billing Information Change
<input type="checkbox"/> Address Change	<input type="checkbox"/> Cancel Vital Savings by Aetna Participation
<input type="checkbox"/> Add or change Spouse/Domestic Partner/Dependent	<input type="checkbox"/> Other (please describe): _____

B. Current or New Personal Information.

Current Participation Number				
First Name	MI	Last Name		
Address	Apt	City	State	ZIP code
Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Telephone	Work Telephone	

C. Change or Add Participants.

If you would like to add eligible participants to your Vital Savings by Aetna Program*, please provide the following information for the new family members or domestic partner you wish to include.

New Participant Name	Relationship	Gender (check one)	Birthdate (mm/dd/yy)
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /
For official use only	MBR#	GRP	EFF DATE

***Note:** Adding a spouse, domestic partner or dependent to your Vital Savings by Aetna program may increase your monthly or annual payment. We reserve the right to bill you the additional amount if you add additional participants.

D. Change Payment Method.

<input type="checkbox"/> Change my credit card (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Name on card	
	Card Number	Expiration Date
<input type="checkbox"/> Change my checking account: <i>Include voided check with Participation Change form</i>	Bank/Institution Name	Name of Account Holder
	Routing Number	Account Number
I authorize the changes requested on this form. 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. I understand that if I am not satisfied with the Vital Savings by Aetna program for any reason within the first 30 days, I may cancel my participation). I have read and understand the terms and conditions of the program.		
Signature Required		Date

The Vital Savings by Aetna® program (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 Vital Savings by Aetna 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 Medical Plan Organization to participate in the Program. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-888-238-4825, is the Discount Medical Plan Organization www.vitalsavingsbyaetna.com.

DISCLOSURES

The following terms and conditions of participation in the Vital Savings by Aetna® program (the "Program") apply to the enrollee and any dependent whose name is listed on the Vital Savings by Aetna Enrollment Form, which is incorporated herein by reference, and include all limitations, exclusions, and exceptions applicable to the Program.

1. There are no benefits payable to Members, nor does Aetna compensate providers for services they may render to Members. Aetna is not an insurer, guarantor or underwriter of any services provided under the Program or of any payments to providers. Members arrange for needed care (and for the payment thereof) directly with the provider. Members are responsible for the entire cost of the care, and Aetna shall in no event be liable for any payment to a provider accessed under the Program.
2. Failure to adhere to the terms and conditions of this Member Agreement (including, but not limited to, failure to make payments to providers in a timely manner) may result in immediate termination of Member's participation in the Program.
3. Providers are independent contractors and are neither employees nor agents of Aetna Life Insurance Company and/or its parents, subsidiaries or affiliates ("Aetna"). The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Aetna does not provide medical, dental or vision care treatment and is not responsible for outcomes. All medical, dental and vision care is the responsibility of the treating provider, in consultation with the Member. Selection of the provider is also the responsibility of the Member and is not based on any representations by Aetna.
4. Providers participating in the Program have agreed to make certain services and supplies available to Members on a "discounted service" basis. The term "discounted service" means a service that is available to a Member at a reduced cost from fees normally charged by the provider. All payments to providers are due and payable by Member at the time of service, unless another payment arrangement is mutually agreed upon between the Member and the treating provider. Members shall be subject to the treating provider's late payment and other office policies.
5. In order to access discounted service rates, a Member must present his/her Program ID card to the provider's office at the time of his/her appointment. A Member's participation in the Program may be terminated immediately in the event that he/she provides access to his/her Program ID card (or otherwise provides unauthorized access to the Program) to any ineligible individual.
6. The Program provides access to discounts from providers participating in the Program. Aetna may also, from time to time, and in its sole discretion, provide Members with access to, free of charge, additional programs that offer access to health-related services at discounted or special rates. Any such programs are offered by independently contracted vendors/providers who are not employees or agents of Aetna or its affiliates. Aetna does not endorse any such products or services, and the vendors/providers of such products/services are solely responsible for the products/services they provide. Vendors/providers included in such programs are not reviewed or credentialed by Aetna.
7. The Discount Medical Plan Organization offering the Program is Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156. The Program may not now, or in the future, be available in all states and Aetna reserves the right to terminate the Program in its entirety or in any state(s) or other geographic location(s) with 30 days' prior written notice to Members.
8. Member's Plan Charge may increase if he/she changes from a single to a family plan. Members may add or remove family members, or change from monthly to annual billing, by contacting Aetna at 1-866-36-VITAL (1-866-368-4825). Members may also make these changes by logging on to www.vitalsavingsbyaetna.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.) A Member's Plan Charge may be increased upon 45 days' written notice from Aetna to the Member.
9. Aetna reserves the right to terminate a Member's participation in the Program with 30 days' prior written notice, for any reason. Otherwise, the term of this Member Agreement commences according to the payment method used or option selected on the Enrollment Form and shall remain in effect until termination by the Member or Aetna.

If, for any reason, you are not totally satisfied, notify us in writing within 30 days of your effective date, and we will fully refund your money. Once you cancel, you are not obligated to make further payments and you will no longer be entitled to discounts for any time after your last payment.

Aetna has established a procedure for resolving complaints. Members may at any time submit a complaint either verbally by calling: 1-888-238-4825 or by mailing a written complaint to: Aetna Life Insurance Company, Customer Resolution Team, PO Box 14597, Lexington, KY 40512 (phone number and address are subject to change when the Program is being marketed to an affinity group).

While this material is believed to be accurate as of the print date, it is subject to change. Aetna will notify Member in writing 45 days in advance of any change to the Program. Vital Savings by Aetna® is a registered trademark of Aetna Inc.

If you have questions about the Vital Savings by Aetna program, our dedicated team of trained service professionals will assist you. Please call 1-866-36-VITAL (1-866-368-4825). For TDD (hearing and speech impaired only), call 1-800-234-3730.

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 the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

Arabic(للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية.)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat idantifikasyon ou gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی، بدون هیچ هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی
)Persian(

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)