



# Participation Change Request

**Yes! Please update my Aetna® Vital Savings information.**

Mail this form to Aetna® Vital Savings, 7400 Gaylord Parkway, Frisco TX 75034.

To avoid processing delays, please complete both sides of this form. You can also make changes to your participation by calling us toll free at 1-877-MY-VITAL (1-877-698-4825) or at [www.aetnavitalsavings.com](http://www.aetnavitalsavings.com).

## A. Check The Information You Would Like To Update.

If you would like to add additional programs to your current Aetna® Vital Savings participation, please call us toll free at 1-877-MY-Vital (1-877-698-4825).

<input type="checkbox"/> Name Change
<input type="checkbox"/> Address Change
<input type="checkbox"/> Add or change Spouse/Domestic Partner/Dependent
<input type="checkbox"/> Billing Information Change
<input type="checkbox"/> Cancel Aetna® Vital Savings Participation
<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 Aetna® Vital Savings\*, please provide the following information for the new family members or domestic partner you wish to include.

New Participant Name	Relationship	Gender (check one)	Birthday (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 Aetna® Vital Savings may increase your monthly or annual payment. We reserve the right to bill you the additional amount you add additional participants.

## D. Change Payment Method.

<input type="checkbox"/> <b>Change my credit card (check one):</b> <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"/> <b>Change my checking account:</b> <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 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 (minus the initial \$15 processing fee).

**I have read and understand the terms and conditions of the program.**

Signature Required	Date
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**The Aetna® Vital Savings (the "Program") is not insurance.** This 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 may receive a percentage of the fee you pay to the discount vendor. Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156, 1-877-698-4825, is the Discount Plan Organization. [www.aetnavitalsavings.com](http://www.aetnavitalsavings.com).

## Member Agreement

The Aetna® Vital Savings Dental and Plus Rx 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.aetnavitalsavings.com](http://www.aetnavitalsavings.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\* minus the \$15 one-time processing fee\*\*.
- **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 one-time set processing fee and 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 1-877-MY-VITAL (1-877-698-4825). Members may also change from monthly to annual billing. Members may also make these changes by logging on to [www.aetnavitalsavings.com](http://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 1-877-698-4825 or (1-877-My 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 1-877-698-4825 or (1-877-MY-VITAL).

\*For Oklahoma residents, if all of the periodic charges have not been refunded within 30 days, interest shall be assessed and paid on the proceeds at a rate of the Treasury Bill rate of the preceding calendar year, plus 2 percentage points.

\*\*Arkansas, Colorado and Maryland residents who cancel within the first 30 days will also receive a refund of the one-time processing fee.

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](mailto: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).*

<b>English</b>	<b>To access language services at no cost to you, call the number on your ID card.</b>
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎ ላይ ያለውን ቁጥር ይደውሉ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hægu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᏏᏚᏍᏗ ᏅᏍᏍᏗ ᏒᏁᏁᏍᏗ ᏍᏏᏁᏍᏗ ᏍᏏᏁᏍᏗ ᏍᏏᏁᏍᏗ ᏍᏏᏁᏍᏗ ᏍᏏᏁᏍᏗ ᏍᏏᏁᏍᏗ ᏍᏏᏁᏍᏗ ᏍᏏᏁᏍᏗ
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obula, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤကျိၣ်တၢ်မၤတၢ်အံၤတၢ်မၤတၢ်ဖျၢၣ် လၢတၢ်အံၤဒီးအံၤလၢတၢ်ကတၢၢ်အံၤအံၤကိၣ်တၢ်လၢတၢ်အံၤဒီးအံၤလၢတၢ်ကတၢၢ်အံၤ ၁ (၅၅) အလံၤတၢ်ကတၢၢ်
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەسپێرێتگۆزارێ بە خزمەتگۆزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتی خۆت.
Lao	ເພື່ອຂ້າງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjeļok wōñean ñan kwe, kwōn kallok nōm̄ba eo ilo kaat in ID eo am̄.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្តាសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	<i>T'áa ni nizaad k'ehjí bee níká a'doowoł doo b́ááh ilínígóó naaltsoos bee atah nílǫ́go nanitínígú bee néého'dółzinígú béésh bee hane'í biká'ígú áají' hólne'.</i>
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëer de thokic ke c'in wëu k'or keek t'enɔŋ yin. Ke yin c'ol ran ye koc kuony në namba de abac tō në ID kard duön de tiit de nyin de panakim köu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprouch Services zu griegie mitaus Koscht, ruff die Nummer uff dei ID Kaart.

