

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

QUICK CHARGE from Aetna automatically withdraws your Aetna Golden Medicare Plan®, Aetna Golden Choice™ Plan, or Aetna Medicare RxSM 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 Golden Medicare Plan, Aetna Golden Choice Plan, 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 1-800-628-3323).

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

Please notify us of any account changes, including new expiration dates.

APPLY TODAY
with the attached form.

We want you to know™



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., Aetna Health of Illinois Inc., and/or Aetna Life Insurance Company.

7B-51115 (11/05)

CONFIDENTIAL

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BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 123 BLUEBELL, PA
POSTAGE WILL BE PAID BY ADDRESSEE

AETNA MEDICARE
PO BOX 963
BLUE BELL, PA 19422-9921



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BILLING AUTHORIZATION APPLICATION

YES! I'm applying for the Aetna Quick Charge Billing Plan.

Aetna Golden Medicare Plan (HMO), Aetna Golden Choice Plan (PPO), or Aetna Medicare Rx Plan Member ID No.

Here's How to Apply:

1. Fill out the information below, where applicable.
2. Choose a billing option.
3. If the deductions will be made from a checking account(s), please include a blank check marked "VOID" showing the preprinted account number.
4. Please be sure to sign the back of this application.

Member Information:

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

Billing Options:

Checking Account Option
Name(s) on Checking Account _____
Checking Account No. _____
 Credit Card Option
Name(s) on Card _____
Cardholder Address _____
City _____ State _____ Zip _____
 VISA® MasterCard®
Account No. _____
Expiration Date _____

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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 Golden Medicare Plan, Aetna Golden Choice Plan, 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 ONLY in this postage-paid envelope, seal and mail.

