aetna®
Senior Supplemental Insurance

P. O. Box 14770
Lexington, KY 40512-4770
Tel: 800-264-4000
Fax: 855-291-0553

Policy Holder Electronic Funds Transfer (EFT) Authorization

from Aetna Health Insurance Company (AHIC),
Aetna Health and Life Insurance Company (AHLIC),
Aetna Life Insurance Company (ALIC),
American Continental Insurance Company (ACI),
Continental Life Insurance Company of Brentwood,Tennessee (CLI),
Coventry Health and Life Insurance Company (CHL), and
First Health Life & Health Insurance Company (FHL)

- Please fill in all appropriate information and sign where necessary.
- **Please print clearly** using blue or black ink.
- Keep a copy of this form for your records.
- Please check your banking statements for payment activity after signing up for EFT.

1. Type of request *select appropriate company(ies) and indicate type of request*

The selected Aetna Inc. company(ies) are referred to as "we" and "our" in this authorization.

- ○ Aetna Health Company (AHIC)
- ○ Aetna Health and Life Insurance Company (AHLIC)
- ○ Aetna Life Insurance Company (ALIC)
- ○ American Continental Insurance Company (ACI)
- ○ Continental Life Insurance Company of Brentwood, Tennessee (CLI)
- ○ Coventry Health and Life Insurance Company (CHL)
- ○ First Health Life & Health Insurance Company (FHL)

2. Account owner information

Select one: ○ New request ○ Change to existing EFT authorization

Name

E-mail address

Social Security or Tax I.D. Number (TIN) *Last 4 digits*

3. EFT information

You may either attach a voided bank check or complete all information in this section as it appears on your check.

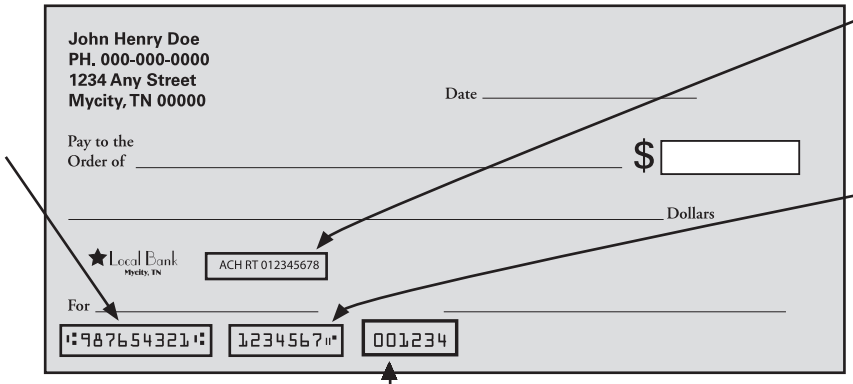
Financial Institution name

Routing number

Account number ○ Checking ○ Savings

Draft date if different from effective date

This is an example of a personal check. A business check may be different.



For all other checks, use the nine-character bank **routing number**, which appears between the ⑆ symbols, usually at the bottom left corner of the check.

For checks with an ACH RT (Automated Clearing House Routing) number, please use this number.

The **account number** is up to 17 characters long and appears next to the ⑈ symbol at the bottom of the check and usually to the right of the bank routing number.

Do not use your check number, usually located here.

4. Signature

EFT authorization

You authorize Aetna Inc. company(ies) to automatically transfer funds from your account and make adjustments to your account in the event of errors. Additionally, you authorize the named institution to complete these transactions.

This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have sent you 10-days written notice of our intention to terminate this authorization.

Your signature indicates that you have read and understood all sections of this form.

Signature of account owner | Title *(required if signing for an entity)* | Date

X