



Participation Change Request

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 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.vitalsavings.com.

A. Check The Information You Would Like To Update.

If you would like to add additional programs to your current Vital Savings by Aetna 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 Vital Savings by Aetna 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
Date of Birth (MM/DD/YYYY)	Sex <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	Sex (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 Vital Savings by Aetna program 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"/> 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 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 VITAL SAVINGS BY AETNA® PROGRAM IS NOT INSURANCE. It is a discount program. We give you access to a network of discount program providers who have agreed to accept discounted rates, which you pay directly to the providers at the time of service. The Discount Medical Plan Organization is Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156.

For more information or to find a participating program provider, visit us online at www.vitalsavings.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 1-877-MY-VITAL (1-877-698-4825). Members may also make these changes by logging on to www.vitalsavings.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 minus the \$15 one-time processing fee. The one time set processing fee and rates charged for the program are listed in Vital Savings by Aetna Enrollment Form. 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, P.O. 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 1-877-698-4825 or (1-877-My Vital). For TDD (hearing and speech impaired only), call 1-800-234-3730.