



Electronic Funds Transfer (EFT) Authorization Form

Aetna Life Insurance Company

Large Case Pensions – RTAA

151 Farmington Avenue

Hartford, CT 06156-0665

Fax: 1-860-262-7412

Telephone: 1-800-952-2700

Email: aetnapensions@aetna.com

Website: <https://pensions.aetna.com>

Payee/Joint Account Holder Information To be completed by Payee. Please print.	Your Name (Last, First, Middle Initial)	Social Security Number	
	Address (Number & Street)	Telephone Number	
	City/Town	State	ZIP Code – 4 Digit ZIP
	Joint Account Holder Name (Last, First, Middle Initial)	Joint Account Holder's Social Security Number	

Financial Information <u>(U.S. ONLY)</u>	I agree and acknowledge that you send my payments for automatic credit to:			
	Type of Account (<i>please check one</i>)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
	Financial Institutional Name			
Bank Account Number	ABA Routing Number (<i>9 digits</i>)			

Payee/Joint Account Holder Agreement	<ul style="list-style-type: none"> • Aetna will send payments to this account until I notify Aetna otherwise in writing. • If the payment due date falls on a weekend or holiday, we understand EFT payments will settle on the next day the Automated Clearinghouse (ACH) system is available. • I will advise Aetna of any change to information on this form, particularly any changes in resident address to facilitate the delivery of tax documents. • I will send Aetna proof of life upon request. • Joint Account Holder will notify Aetna immediately in the event of the Payee's death. • In the event of an overpayment, I/we agree that Aetna may debit the account receiving the payment automatically to recover the overpayment. • In the event that there are insufficient funds in this account to cover the overpayment, I/we direct the financial institution to release to Aetna any information on this account and Account Holders. • I confirm that my name is on the account provided.
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Signatures	Payee's Signature	Date (mm/dd/yyyy)
	Joint Account Holder's Signature (required if joint account)	Date (mm/dd/yyyy)

Pre-notification Please be sure the information on this form is accurate and complete.	If EFT is available at your financial institution, processing this authorized form will cause your benefit payment to be transmitted via EFT <u>provided all information is complete, accurate and received by Aetna in sufficient time to process your request.</u> If you use an institution that is not a bank, it must be able to accept payments by EFT. If it cannot, EFT will not be available.
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Attach a voided personal check in the space provided.

NOTE: When a voided check is provided, we will use the Bank Account Number, and ABA Routing Number displayed on the check, rather than anything written above.

Please attach VOIDED CHECK (For checking account only)

Note: If the type of bank account elected is Other, include a copy of your bank statement or a letter from the bank with the bank official's signature so that we may verify the name, address, account number and bank routing number.

Get Language Assistance and Nondiscrimination Notice

TTY: 711

To access language services at no cost to you, call 1-800-952-2700.

Para acceder a los servicios de idiomas sin costo, llame al 1-800-952-2700. (Spanish)

如欲使用免費語言服務，請致電 1-800-952-2700。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-800 952-2700. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-800-952-2700. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-800-952-2700 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-800-952-2700. (Arabic)

Pou jwenn sèvis lang gratis, rele 1-800-952-2700. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-800 - 952 -2700. (Italian)

言語サービスを無料でご利用いただくには、1-800-952-2700 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-800-952-2700 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-800-952-2700 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-800-952-2700. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-800-952-2700. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-800-952-2700. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-800-952-2700. (Vietnamese)

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 1-800-952-2700.

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), CRCCoordinator@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).