

Online Enrollment Authorization Instructions Form

Agent Instructions:

1. Writing Agent must complete and provide a signed hard copy to the beneficiary and submit to Aetna.
2. All fields below must be completed. Please complete the entire form and sign.
3. Within 48 hours, fax the form, scan and email the form, or send to the mailing address shown below.

Complete and Fax to 203-292-8179 attn: Gregory Judd

Facsimile:

Aetna Medicare at (866) 441-2341

Mail:

Aetna Medicare
P.O. 14088
Lexington KY, 40512-4088

Email:

MedicareEnrollmentApplications@aetna.com

Online Enrollment Authorization Form

All fields below are mandatory and must be completed by enrollee and agent.

By signing this Online Enrollment Authorization form, I am authorizing my agent to assist me in enrolling in the Aetna Medicare Plan of my choice using the online enrollment system available via AetnaMedicare.com. My agent has advised me of, and I understand, the benefits, cost sharing (i.e., copayments, coinsurance, deductibles) and applicable monthly premium for the plan I have elected to enroll in (including any optional supplemental benefits (if applicable)). I understand that the plan I elected will become effective the first of the month following receipt of my completed enrollment transaction. My agent has provided me with a completed copy of this completed online enrollment authorization form.

Medicare Beneficiary Information

Name _____

Address _____

Enrollee Signature _____

Date _____

Medicare HICN Number _____

Online Confirmation Number _____

Note: This number is provided by the system after the online enrollment is completed.

Plan Election

Name of Medicare Advantage Plan: _____

Name of Prescription Drug Plan: _____

Name(s) of Optional Benefits: _____

Agent Information (To Be Completed By Agent Assisting With Online Enrollment)

Agent Name: _____

Agent SSN/TIN Number: _____

Agent Signature: _____

Date: _____

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). Benefits, limitations, service areas and premiums are subject to change on January 1, 2013. A Medicare Advantage organization with a Medicare contract. A Medicare approved Part D sponsor.

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