

SAMPLE

PO BOX 981204  
El Paso, TX 79998-1204

October 28, 2009

Plan Sponsor: {enter plan sponsor name}  
Control Number: {enter group number}  
Subject: Crediting of your {enter plan year} Medical Deductible

Dear Employer:

Welcome to Aetna!

You, your employees and their dependents have the opportunity to transfer the medical deductible dollars accumulated in (enter plan year) under your prior carrier.

In order for these amounts to be credited each employee must receive a copy of the attached letter and follow the instructions contained in it.

Please help us by distributing copies of the attached letter as soon as possible.

Sincerely,

Aetna Customer Service

"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 include: Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Health Insurance Company of New York, Corporate Health Insurance Company and/or Aetna Life Insurance Company.

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SAMPLE

P.O. Box 14089  
Lexington, KY 40512-4089

Attention: Fresno RBCO – SFRE

**Required:** Member Name \_\_\_\_\_  
**Required:** Member ID number \_\_\_\_\_

October 28, 2009

Plan Sponsor: {enter plan sponsor name}  
Control Number: {enter group number}  
Subject: Crediting of your {enter plan year} Medical Deductible

Dear Member:

Welcome to Aetna!

We are pleased to announce that you have the opportunity to transfer the dollars that you and/or your dependents accumulated in {enter plan year} under your prior carrier toward your Medical deductible.

Please fax a copy of this letter along with your most current explanation of benefits (EOB) from your prior carrier for each eligible family member that met any deductible in {enter plan year}. In order to receive credit for your {enter plan year} deductible dollars, please fax your information to **1-866-474-4040**.

Please write your name and new Aetna identification number on the line provided in the heading above (**see Required**). If you do not have your new identification number (it will be listed on your ID card), you may call Aetna Member Services at 888-802-3862; or you may sign up for Aetna Navigator through the Aetna website, and obtain your member identification number from the temporary ID card that you can print from this site. Aetna Navigator can be accessed by visiting our website address located at [www.aetna.com](http://www.aetna.com).

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