



Electronic Listings Agreement Letter

The purpose of this Agreement is to direct Aetna to accept your electronic enrollment data in the form of an electronic listing. As part of your participation, you agree to the following terms and conditions:

1. You will need to keep either paper or electronic copies of the actual enrollment forms that your employees use to enroll for coverage. You also agree to maintain a reasonably complete record of enrollment and eligibility information via electronic, IVR (interactive voice response) technology, and/or hard copy format, including evidence of coverage elections, evidence of eligibility, changes to such elections and terminations. To meet regulatory requirements, the copies must be maintained for at least seven years. Upon request, you agree to make such information available to Aetna.
2. Where enrollment or changes are submitted to Aetna electronically, you agree to create and maintain these records on secure information systems that can generate, on request, hard copy records of enrollments or changes entered via or maintained on those information systems. Any hard copy records generated pursuant to this provision shall meet reasonable standards of availability, authenticity, non-repudiation and integrity.
3. You are responsible for the accuracy and timeliness of enrollment information submitted to Aetna. You represent that all enrollment and eligibility information that has been or will be provided to Aetna is accurate. You acknowledge that Aetna can and will rely on such enrollment and eligibility information in determining whether an individual is eligible for benefits under your plan.
4. If your plan is insured you must either (1) use Aetna-supplied forms in paper format or electronic format or (2) agree to incorporate the following four points into your enrollment materials.
 - Name(s) of the Aetna company offering the insurance coverage.
 - State-specific fraud warning statement.
 - A statement that the terms of the insurance documents will govern the member's rights and responsibilities.
 - An acknowledgment that participating providers are not agents or employees of Aetna and that network composition can change.

Sample template language is attached.

I/we understand and agree to the terms set forth in this Agreement. By signing below, I represent that I am authorized to sign this Agreement on behalf of the plan sponsor/customer identified below.

Customer Signature

Date

Company Name: _____

TEMPLATE LANGUAGE FOR INSURED ENROLLMENT MATERIAL

1. I understand that coverage is being provided by the following companies:

Traditional Choice®, Open Choice® and Managed Choice®: Aetna Life Insurance Company
Life, Accidental Death & Personal Loss, Disability: Aetna Life Insurance Company
HMO, QPOS®: Aetna Health Inc., Aetna Health Of California Inc., Aetna Health of the Carolinas
Inc., Aetna Health of Illinois Inc., Corporate Health Insurance Company
Dental: Aetna Life Insurance Company, Aetna Health Inc., Aetna Dental Inc., Aetna Dental of
California Inc.

2. The plan documents (Schedule of Benefits, Group Agreement, Group Policy, and Certificate of Coverage) will determine my rights and responsibilities and will govern even if they conflict with any benefits comparisons, summary or other description of the plan.

3. I understand and agree that with the exception of Aetna Rx Home Delivery®, all participating providers and vendors are independent contractors and are neither agents nor employees of Aetna. The availability of any particular product cannot be guaranteed and provider network composition is subject to change.

NOTICE: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or who conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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