



# Electronic Enrollment, Billing/Payment and Access Agreement

The purpose of this Agreement is to direct Aetna to accept your electronic enrollment data and payment transactions and to outline online billing and access requirements via certain electronic interfaces that Aetna makes available to customers.

Aetna strives to provide the highest level of accuracy in the information provided in its system; however, information in the system is not guaranteed.

## Access

Plan sponsor agrees that each employee will agree to terms associated with the issuance and use of his/her password and system access. An individual's password may be used only by that individual to access the system and may not be shared for any reason. Each individual is personally responsible for the information entered into the system. If an individual to whom a password has been issued becomes aware of a security breach (an incident in which there occurs attempted or unauthorized access, use, disclosure, modification, or destruction of information or interface with system operations), they agree to contact Aetna.

## Enrollment

As part of your participation date, the following terms and conditions apply:

1. You agree to keep copies (paper or electronic) of actual enrollment forms and agree to maintain a reasonably complete record of enrollment and eligibility information (via electronic, interactive voice response technology and/or hard copy format), including evidence of coverage elections, evidence of eligibility, changes to such elections and terminations. Records must be available to Aetna upon request and retained for seven years.
2. For electronic enrollment submissions or changes you agree to create and maintain the records on secure information systems that can generate hard copy records of enrollments or changes entered 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 represent that all enrollment and eligibility information presented to Aetna is accurate and timely updated. You acknowledge that Aetna can and will rely on such enrollment and eligibility information in determining whether an individual is eligible for benefits under the plan. In the event of a discrepancy between enrollee information (including salary data) submitted and information actually presented by the enrollee on any particular claim for benefits, and the result is that Aetna must pay a higher benefit to reflect the actual information presented by the enrollee, you agree to pay promptly to Aetna applicable back premiums accruing as of the date on which the enrollee's information changed.
4. Insured plans 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.
  - **Names(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

NOTE: Please see insured template language attached.

1. You are responsible for adhering to both state and federal laws and regulations when submitting terminations to Aetna.
2. If otherwise permitted, when retro-terminations are submitted, we will regard the submission as verification that no premium/contribution was paid by the member/dependent for that period.

## Billing

You agree to receive your bill online each month.

Any contractual provisions related to non-payment of premium continue to be applicable.

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.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Name (Printed), Title

\_\_\_\_\_

Company Name

\_\_\_\_\_

Date

## Template Language for Insured Enrollment Material

1. I understand that coverage is being provided by the following companies: Traditional Choice<sup>®</sup>, Open Choice<sup>®</sup> and Managed Choice<sup>®</sup>: Aetna Life Insurance Company Life, Accidental Death & Personal Loss, Disability: Aetna Life Insurance Company HMO, QPOS<sup>®</sup>: 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<sup>®</sup>, 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.