



Customer Request For Producer Compensation Information

Aetna automatically provides annual disclosure to all customers with more than 100 plan participants of producer compensation related to the placement and servicing of their Aetna business. This form is not required for the automatic annual disclosure. However, this form may be used by any Aetna customer to request information regarding compensation paid to their producer. This form may be fully completed on line and then printed for signature.

Upon completion, please print out and mail or fax to:

Aetna Compensation Services, U11E
980 Jolly Road
P. O. Box 1167
Blue Bell, PA 19422-0407

FAX Number: 860-754-9010

The requested compensation information will be sent to the customer address in Section 1 below.

1. Customer Information *(Please print or type.)*

Company Name		Customer Group # or Control-Suffix-Account # (if known)	
Contact Name and Title			
Contact Telephone Number		Contact Email Address	
Street			
City		State	Zip Code

2. Request

Please indicate the period for which you are requesting compensation paid information <input type="checkbox"/> Prior calendar year <input type="checkbox"/> Current calendar year-to-date

3. Authorization *(Required)*

Customer Official Name		Title
Customer Official Signature		Request Date <i>(MM/DD/YYYY)</i>
Telephone Number	Email Address	