



Sworn Statement of Check Forgery Alteration for Business

ECHS Category – ELTR

Control#: Forgery1
FOR INTERNAL USE

Aetna, Inc.

Attn: BFR – Forgery Dept.

PO Box 981106

El Paso, TX 79998-1106

EMAIL: OAForgeryRequests@AETNA.com

FAX: (844)-622-3025 toll-free

Please complete and notarize this sworn statement and submit via EMAIL or FAX.

Contact name, phone number and correct billing address should be included with your submission.

Please retain a copy for your records and mail the **original form**.

This is my sworn statement regarding this check:

1. I have examined a photocopy of the check from Aetna Life Insurance Company (or an affiliated company) and I agree that I (Printed Payee Name), _____, am the intended Payee listed on the front of the original check, of which the name has been altered to _____

2. I am not associated with the printed name on this check.

3. The check information is as follows:

Account# _____ /Check# _____ Check date is _____

Written check amount is _____ dollars (\$ _____)

4. I have never received this check, nor did I ever receive any money associated with this check.

5. I did not use money from this check to pay off any of my debts or obligations.

6. I have never endorsed this check, nor did I give someone else the authority to endorse this check.

7. If determined I did endorse this check, if a replacement was sent, I will reimburse Aetna in full.

8. Printed Name of Business Representative _____

Title of Business Representative _____

Signature of Business Representative (Signed in witness of Notary Public)

For Notary Public:

This document has been signed and sworn to before me on _____ (Date)

In the state of _____

Notary Seal

and country _____

Notary Public signature _____

Notary's commission expires on _____

NOTE: Please return the completed notarized statement within 21 days of the notary signature or the statement will be void due to the requirements of the banks.