



Please update my Vital Savings by Aetna program information to reflect the following changes:

- Name Change
 Address Change
 Add/Change Spouse/Domestic Partner/Other Eligible Person
 Billing Information Change
 Cancel Vital Savings by Aetna
 Other (please describe) _____

Mail this form to the program manager, Affinity Group Underwriters, 4510 Cox Road, Suite 111, Glen Allen VA 23060 or call 1-877-673-9797 if you have questions.

Participant Number	First Name	Initial	Last Name
Street Address	City,	State,	ZIP
Home Phone	Social Security #		Email Address
Work Phone	Date of Birth		New Last Name

Add / Remove Spouse / Domestic Partner / Child(ren) / Other Eligible Persons				
Name	Add/Remove	Relationship	Sex	Date of Birth
1.				
2.				
3.				
4.				

NOTE: Adding a spouse, domestic partner, child or other eligible person to Vital Savings by Aetna may increase your payment. We reserve the right to bill you the appropriate additional amount.

Change my credit card billing to: VISA MASTERCARD

Name on Credit Card _____ Credit Card Number _____ Expiration date _____

Billing Address (if different from above) _____ City/State/ZIP

Change from credit card to direct bill **Change from direct bill to credit card**

Change from semi-annual to annual payment **Change from annual to semi-annual payment**

I authorize the changes requested on this form. I understand that if I pay by credit card I will be billed and renewed automatically until I notify the program manager in writing of my desire to terminate my participation in the program. If I pay by paper check, I understand that I will be sent an invoice for renewal prior to my renewal date. I have read and understand the terms and conditions of the program as described on the back of this form. There is a 12 month waiting period for reinstatement following termination.

Signature X _____ **Date** _____



Participant Terms & Conditions

On behalf of myself and my family members, if applicable, I agree to the following:

1. **I UNDERSTAND AND ACKNOWLEDGE THAT THE PROGRAM IS NOT AN INSURANCE PLAN.** There are no benefits payable to Participants, nor does Aetna compensate providers for services they may render to Participants. Aetna is not an insurer, guarantor or underwriter of any services provided under the Vital Savings by AetnaSM program (the "Program") or of any payments to providers. Participants arrange for needed care directly with the provider. Payment for care is also arranged between the Participant and the provider. Participants are responsible for the entire cost of the care, and Aetna shall in no event be liable for any payment to a provider accessed under the Program or for the refusal of a provider to accept the Reduced Fee-for-Service rates.
2. By signing this registration form, I acknowledge that I have read, understand and agree (on my own behalf and that of my participating family members, if applicable) to adhere to these terms and conditions. Failure to adhere to the terms and conditions (including but not limited to failure to make payments to providers in a timely manner) may result in immediate termination of my participation in the Program.
3. I understand that the Program provides Participants access to a network of participating dentists who are independent practicing dentists. Providers are independent contractors in private practice and are neither employees nor agents of Aetna Life Insurance Company and/or its parents, subsidiaries or affiliates ("Aetna"). The availability of any particular provider cannot be guaranteed and provider network composition is subject to change without notice. Aetna does not provide medical, dental or vision care/treatment and is not responsible for outcomes. All medical, dental and vision care is the responsibility of the treating provider in consultation with the Participant. Selection of the provider is also the responsibility of the Participant and is not based on any representations by Aetna.
4. I understand that providers participating in the Vital Savings by Aetna program have agreed to make certain services and supplies available to Participants on a Reduced Fee-for-Service basis. The term "Reduced Fee-for-Service" means a service that is available to Participants at a discount from fees normally charged by the provider and for which the Participant is solely financially responsible. I understand that all payments to providers are due and payable at the time of service, unless another payment arrangement is mutually agreed upon between the Participant and the treating provider. Participants shall be subject to the treating providers' late payment and other office policies.
5. I understand that in order to access Reduced Fee-for-Service rates, a Participant must present a valid Program ID card to the provider's office staff at the time of appointment. Participation in the Program may be terminated immediately in the event that a Participant provides access to his Program ID card (or otherwise provides unauthorized access to the Program) to any ineligible individual.
6. Vital Savings by Aetna provides access to discounts from dental providers participating in the Program. Aetna may also, from time to time, and in its sole discretion, provide Participants with access to, free of charge, additional programs that offer vision and/or other non-dental services at discounted or special rates. Any such programs are offered by independently contracted vendors/providers who are not employees or agents of Aetna or its affiliates. Aetna does not endorse any such products or services and the vendors/providers of such products/services are solely responsible for the products/services they provide. Vendors/providers included in such programs are not reviewed or credentialed by Aetna.
7. The Program is offered by Aetna Life Insurance Company. The Program may not now, or in the future, be available in all states and Aetna reserves the right to terminate the Program in its entirety or in any state(s) or other geographic location(s) without prior notice to Participants.
8. I understand a Participant's fees may increase in the event of a change from an individual to a family plan or if a spouse, domestic partner or other eligible person is added.

If you have questions about the Vital Savings by Aetna program for affinity groups, please call 1-877-673-9797.

If, for any reason, you are not totally satisfied, notify us in writing within 30 days of your effective date and your money will be refunded (less the initial registration fee). There is a 12-month waiting period for reinstatement following termination of participation for any reason.

Aetna has established a procedure for resolving complaints. Participants may at any time submit a complaint either verbally by calling 1-877-673-9797 or by mail to Aetna Life Insurance Company Complaint Resolutions c/o Affinity Group Underwriters, 4510 Cox Road, Suite 111, Glen Allen, VA 23060.