



Request for Immediate and Emergency Out-of-Pocket Expenses

1. Name _____.

Address _____.

Email address _____.

2. I am requesting reimbursement for immediate and emergency out-of-pocket expenses or estimated payments that I have incurred or will incur as a result of an incident involving the mailing of a benefits notice to me in an envelope that may have enabled the viewing of certain of my protected health information (“PHI”) by unauthorized third parties (the “Mailing”).

3. I request that Aetna reimburse me for the following expenses that I have incurred or estimate incurring as a result of this incident: [Please list below the expenses for which you are requesting reimbursement or payment and describe how or why the expenses were or will be incurred. Please provide as much detail as possible so that we can properly evaluate your request. Attach any documents relevant to your expenses that would assist us in evaluating your request.]

4. I further understand that Aetna may ask me for follow-up information including any documents that support my request via the email address indicated above.

5. I understand that any amounts received from Aetna may be offset or credited against any total amounts that Aetna may agree or be required to pay in any potential legal, regulatory, or other proceeding, including in settlement. In addition, payments to me by Aetna may have individual tax consequences and I may need to seek appropriate tax advice regarding such payments.

6. I agree that I will not, directly or indirectly, disclose, disseminate or publicize the financial terms of any payments by Aetna, either orally or in writing, to any individual or entity other than my legal, tax and financial advisors, spouse, significant other and immediate family members, unless compelled to do so by process of law.

7. I also understand that Aetna’s payment of any portion of my request does not constitute in any way an admission of liability or a waiver of any of Aetna’s claims or defenses, nor does my acceptance of such payment constitute a release of any claims against Aetna.

I hereby certify and declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Please email this form and any attachments to FinancialReliefRequests@AETNA.com

Dated: _____
(mm/dd/yyyy)

Signature: _____

Name: _____