<logo>

<Return address>

<DATE>

**Payment ID:** <Member ID>

**Reference ID:** <EFTECK>

<First Name> <Last Name>

<Address1>

[<Address2>]

<City>, <State> <Zip>

Dear <First Name> <Last Name>:

Thank you for your membership in an Aetna® Medicare Prescription Drug Plan.

We see that you requested a one-time e-check/ACH monthly plan premium payment of <$xxx.xx>. But your bank returned the item as **unpayable on <Return Date>** for one of the following reasons:

* Account closed/frozen
* Authorization revoked by customer/Payment stopped
* Insufficient funds
* Invalid account number/No account/Unable to locate
* Other reason

We’ve adjusted youraccount for the amount of the returned payment. We provide multiple convenient options for you to pay your premiums. You can choose one of the options below to complete your payment:

* Manage your monthly automatic payment options through **<CW\_PDP Website URL>** by clicking “<Pay Premium>.”
* Mail in a payment using your invoice coupon.
* Call Customer Care toll-free at <**1-866-824-4055> (TTY: 711),** <24/7> to make a one-time payment using a credit card or bank account.

Paying your plan premium is easy and reliable when you enroll in automatic payments. We have teamed up with Instamed, a JP Morgan Chase company, to process your payments. They will appear on your bank statement as <”Instamed - Silverscript”>. When you enroll in automatic payments, your plan premium is automatically deducted from your checking or savings account between the 8th and the 10th of each month.

You must continue to pay your Medicare Part B premium.

Thank you.

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<APN> <XX/2X>