<logo>

<return address>

<Cardholder ID>

Reference ID: <APCONF>

<First Name Last Name>

<Address1>

[<Address2>]

<City, State Zip>

[Important <plan name> information]

<DATE>

Thank you for setting up automatic payments

We’re glad you chose to save paper, time and a stamp every month.

{Paragraph A for EFT} [Your request to pay your monthly plan premiums through electronic funds transfer from your checking or savings account is complete. We have updated your account to this automatic payment method. It’s effective as of <MM/01/YYYY>. We will draw your payment between the 8th and 10th of the month, for the balance due. We work with <Instamed, a JP Morgan Chase company,> to process your monthly payments. They will appear on your bank statement as <”Instamed - Silverscript”>. While you are enrolled in this payment method you will not receive an invoice. You can review your automatic payment receipts by logging in to the payment portal at <**AetnaMedicare.com/Payyourpremium**>.]

{Paragraph B for RCD} [Your request to pay your monthly plan premiums through your credit or debit card is complete. We have updated your account to this automatic payment method. It’s effective as of <MM/01/YYYY>. We will draw your payment between the 8th and 10th of the month, for the balance due. While you are enrolled in this payment method you will not receive an invoice. You can review your automatic payment receipts by logging in to the payment portal at <**AetnaMedicare.com/Payyourpremium**>.]

**Please note**: If your monthly automatic payment is not received, for any reason, we will return your account to direct billing and you will receive an invoice. Please continue to pay any invoices you get.

**We’re here to help**

This is for your information only. You don’t need to do anything right now. If you have any questions, just call Customer Care toll-free at <**1-866-824-4055 (TTY: 711),** 24/7>.

Thank you.

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<APN>