**PROFESSIONAL SERVICE AGREEMENT**

**I/T SECURITY STATEMENT OF POLICY**

As a consultant working at Aetna, you need to be aware of and follow Aetna’s policies and procedures pertaining to the security of our information and information technology resources. Read and follow the policies and procedures set forth below.

|  |
| --- |
| **POLICY**  *Aetna will safeguard its information and information technology resources from the risks of accidental or unauthorized loss, theft, modification, disclosure, or destruction.* |

Aetna information systems are a critical part of our ability to serve our customers efficiently and effectively. Safeguarding our systems and the information they contain is crucial.

Our goal is to ensure that all workers (employees, consultants, temporaries, etc.) protect Aetna’s information systems and electronic information. Protecting them means preventing unauthorized access and disclosure, modification, destruction and/or theft of our systems and information.

**ALL consultants must:**

* Adhere to all Aetna security policies and standards.
* Use Aetna information technology equipment and materials, including hardware, software and data, only in performance of your contractual assignment. Restrict access to Aetna equipment and materials, whether on card, disk, tape, printout, or computer terminal display, only to those individuals who are authorized and/or have a business need to know. If you are uncertain as to whether a particular individual has proper authorization, assume that that individual is unauthorized and seek clarification from your Aetna project coordinator.
* Protect all authorization codes and mechanism(s) such as passwords from disclosure and/or unauthorized use. You are accountable for all actions performed under your assigned computer accounts.
* Use Aetna’s computer systems only to perform your assigned task.
* Follow backup and recovery procedures. If you are uncertain as to what procedures apply to the systems on which you are working, seek clarification from your Aetna project coordinator.
* Immediately report all known, or suspected, security weaknesses or violations to your Aetna project coordinator.
* Never circumvent the security features of any system, even to expedite task completion.
* Return all company assets, including electronically stored programs and data, upon contract termination.

I PERIYANAYAKI ANANTHAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First M.I Last**

(type/print consultant’s name)

Acknowledge that I have read and understand Aetna’s I/T Security Statement of Policy. I understand that I should discuss any parts that are unclear to me with my Aetna project coordinator. I understand that I am responsible for adhering to I/T security policies, standards and procedures provided to my employer in advance in writing and issued for the use and safeguarding of Aetna’s information and information technology resources.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Consultant’s Signature) (Date)**

**Return this signed form to the business area coordinator for inclusion in consultant’s permanent file.**

**PROFESSIONAL SERVICE AGREEMENT**

**NON-DISCLOSURE STATEMENT**

**CONFIDENTIAL INFORMATION**

For the purposes of this Agreement, Confidential Information includes all information which is considered proprietary to Aetna, or any of its affiliated companies, including, but not limited to, information or materials related to the business affairs or procedures of Aetna and its affiliated companies, or to the design, programs, flow charts, and documentation of Aetna’s data processing application systems and software, whether or not owned by Aetna.

Should Aetna disclose to Supplier or a Supplier Employee, or should Supplier or such Supplier Employee learn of Confidential Information, Supplier agrees that neither Supplier nor its Supplier Employee shall, at any time, during and after the term of this Agreement, disclose such information to any individual, company, or other entity or agency, nor use such Confidential Information for Supplier’s own advantage other than in performance of this or any subsequent similar agreement with Aetna.

Information shall not be deemed to be Confidential Information and Supplier shall have no obligation with respect to any such information which:

1. is or falls into the public domain through no wrongful act of Supplier; or
2. is rightfully received from a third party without restriction and without breach of this Agreement; or
3. is approved for release by written authorization of an officer of Aetna; or
4. is disclosed pursuant to the requirements of a governmental agency or operation of law;
5. is already in Supplier’s possession as evidenced by its records and is not the subject of a separate non-disclosure agreement, or
6. is independently developed by Supplier or a Supplier Employee without regard to the Confidential Information of Aetna.

It is expressly agreed by Supplier and Supplier Employees that the provisions of this Non-Disclosure Statement shall survive the termination, for any reason, of the Order(s) for any Task Assignment(s) under this Agreement and this Agreement itself, and shall be binding on Supplier, its successors, and assigns for the benefit of Aetna and its affiliated companies and their successors and assigns.

I hereby acknowledge that I have read, understand and agree to be bound by this Non-Disclosure Statement, Section 5, “Confidential Information” of the Professional Services Agreement between Aetna Life Insurance Company and Supplier.

PERIYANAYAKI ANANTHAN \_\_\_\_\_\_\_\_\_ Cognizant Technology Solutions

**Consultant name (type/print) Date Supplier name (type/print)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consultant Signature**

I PERIYANAYAKI ANANTHAN\_\_\_\_\_\_\_\_\_\_\_\_\_

**First M.I Last**

(type/print consultant’s name)

Acknowledge that I have read and understand Aetna’s I/T Security Statement of Policy. I understand that I should discuss any parts that are unclear to me with my Aetna project coordinator. I understand that I am responsible for adhering to I/T security policies, standards and procedures provided to Supplier in advance in writing and issued for the use and safeguarding of Aetna’s information and information technology resources.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Consultant’s Signature) (Date)**

**Return this signed form to the business area coordinator for inclusion in consultant’s permanent file.**