Applies to:

Aetna plans

Innovation Health® plans

Health benefits and health insurance plans offered and/or underwritten by the following:

Allina Health and Aetna Health Insurance Company (Allina Health | Aetna)

Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner | Aetna)

Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna)

Texas Health + Aetna Health Plan Inc. and Texas Health + Aetna Health Insurance Company (Texas Health Aetna)



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About this form

This form will help us determine the infertility benefits and services you're eligible for under your plan.

How to complete this form

Fill out the entire form. Make sure to print clearly and sign it at the bottom.

When you're done

You can fax your completed form to us at **1-860-607-7476**. Or you can give it to your infertility provider to fax to us.

Questions?

If you have general questions about your plan coverage or benefits, call the number on the back of your Aetna member ID card. You can speak to someone 8 a.m. to 8 p.m., 7 days a week.

If you need help with Questions 1 - 12 on the form, give us a call at **1-800-575-5999 (TTY: 711)**. We're here 8 a.m. to 5 p.m. ET, Monday through Friday.

Please refer to our Infertility website at **www.aetnainfertilitycare.com** for important FAQ information which includes details about our Institutes of Excellence Network for Infertility.

What happens next?

We'll look over your form once we receive it. Then we'll contact your infertility provider. We'll let them know if you meet the initial criteria to start using your infertility treatment benefits.

We respect your privacy

We take the confidentiality of your personal health information very seriously. Your information is kept completely confidential in compliance with the Health Insurance Portability and Accountability Act's (HIPAA's) privacy regulations. We share your information only as permitted or required by law.

Also, in compliance with federal law, we won't ask you for any genetic information or your family medical history. You don't have to provide any genetic information or family medical history to participate in our Infertility Program unless you're requesting Preimplantation Genetic Diagnosis (PGD), which is the genetic testing of embryos created in IVF. If you give us your genetic information or family medical history, you do so voluntarily.

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Infertility Program Patient Registration Form

Fill out your patient information.				
Last name	First name Midd		Middle initial	
Birth date	Home phone number			
1 1	()			
Work phone number	Cell phone number			
()	()			
At what phone number can we reach you between 8 a.m. and 5 p.m.? Home Work Cell Other:				
Can we leave a detailed message if we get your voicemail?				
☐ Yes ☐ No				
Do you consent to receiving text messages for any infertility precertification requests? ☐ Yes ☐ No				
What is your primary language?	Do you require hearing assistance?			
	☐ Yes ☐ No			
Mailing address				
City	State ZIP code			
E-mail address				
Fill out your insurance information.				
Aetna member ID number	Group number			
Name of insured				
Do you have other insurance coverage?				
☐ Yes ☐ No				
If "Yes," provide the information below.				
Name of insurance company	Member ID number			
Name of insured	Reference number (if available):			

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Infertility Program Patient Registration Form

Member ID:	Reference Number (If available):		
Write in your Infertility Provider's Information.			
Provider name	Phone number		
	()		
Street address	City, State, ZIP code		
Answer these questions a	s completely as possible.		
Question 1: Are you trying to get pregnant right now?			
Yes No If "No, please explain			
Question 2: How have you been trying to get pregnant?			
Sexual intercourse			
Artificial insemination with sperm from a known donor (for examp	e, a spouse or partner)		
Artificial insemination with sperm from an unknown donor (for ex	ample, a sperm bank)		
Question 3: Do you have a partner?	ale		
What is their full name?			
Question 4: How long have you been trying to get pregnant?			
Years: Months:			
Question 5: Do you or your partner get regular periods?			
☐ Yes ☐ No			
If "No," how often do you get your period?			
Question 6: After testing, did your doctor give you a reason why	you're having trouble getting pregnant?		
Yes No	, , , , , , , , , , , , , , , , , , , ,		
If "Yes," what was the reason?			
Question 7: Have you or your partner ever had your fallopian tub	es tied, cut, clipped, burned or blocked to prevent pregnancy?		
☐ Yes ☐ No	,		
Question 8: Have you or your or partner had a vasectomy (a ster	lization process) to prevent pregnancy?		
Yes No If "Yes," year he had the vasectomy:	, , , , , , ,		
Question 9: Have you or your or partner had a vasectomy revers	ed?		
Yes No If "Yes," year he had the vasectomy reversed:			
Question 10: Have you ever had an infertility treatment, using m	edications or procedures, that didn't result in pregnancy?		
If "Yes," describe the treatment you had and dates of treatment:			
Question 11: What infertility treatment has your doctor recomme	anded for your treatment?		
l <u> </u>	r egg IVF Fertility preservation IVF cycle		
☐ Donor insemination cycle (IUI) ☐ Frozen embryo transfer ☐ Invitro fertilization (IVF)			
Pre-implantation genetic diagnosis (PGD)	,		

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Infertility Program Patient Registration Form

Member ID:		Reference Number (If available):				
Tell us about your pregnancy history.						
Month and year of pregnancy	Infertility therapy needed to conceive?	Type of infertility treatment (Oral drugs; injectable drugs; IUI; fresh IVF cycle; donor egg or embryo cycle; or frozen embryo transfer cycle)		ectop	ome arriage; ic; live birth; I birth)	Gestational age at end of pregnancy (for example, full term or 36 weeks)
1	☐ Yes ☐ No					
1	☐ Yes ☐ No					
1	☐ Yes ☐ No					
1	☐ Yes ☐ No					
1	☐ Yes ☐ No					
1	☐ Yes ☐ No					
1	☐ Yes ☐ No					
1	☐ Yes ☐ No					
1	☐ Yes ☐ No					
1	☐ Yes ☐ No					
Sign the form.						
Your signature					Today's date	
					/	1

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Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አንልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվ՜ար խորհրդատվություն՝ ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဂန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ် တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ် ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	GYÐJ SUHÐÐJ TOÐLONJ LAFÐJ JCEGWNJ ÁY, ØÞÐЬWOЪ ÐÐY J4ÐJ ÞSAWP OÐT ID ÍHRÐJ CVPT.
Chinese Traditional	如欲使用免費語言服務,請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.
Hawaiian	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.

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Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gị
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လဌတၢကမၢူ့ ကိုာတၢမၢစဌာအတၢဖံးတၢမာတဖာ လဌတအိုာဒီးအပှာလဌနကဘာဟာ့အီာအဂ္စီကိုးဘာလီတဲစိနီဉဂံၢလဌအအိုာလဌနခိုာဂ်ိဳၤ ဗ (၍) အလို့ဥာတက္၊၍
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەسپێڕاگەيشتن بە خزمەتگوزارى زمان بەبئ تێچوون بۆ تۆ، پەيوەندى بكە بە ژمارەى سەر ئاى دى(ID) كارتى خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີບໍເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील
	क्रमांकावर फोन करा.
Marshallese	Ņan bōk jipañ kōn kajin ilo an ejjeļok wōņean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian- Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់ លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíjgo nanitinígíí bee néého'dólzinígíí béésh bee hane'í biká'ígíí áaji' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ̈ ne ID kard duɔ̈n de tīīt de nyin de panakim kɔ̈u.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian- Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.

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Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su
	tarjeta de identificación.
Sudanic Fulfulde	Heeɓa a naasta nder ekkitol jaangirde woldeji walla yoɓugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ي هىبقى خلا يىلخىلى دۈندىلى دۇنىك خىكىكىبىلا، مەنىدىك خىرىكى خۇدىكى ئودىكى ئودىكى ئودىكى ئودىكى ئودىكى ئودىكى ئ
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำดัวของท่าน
Tongan	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовнј отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	. קארטל ID צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער
Yoruba	Láti ráyèsí àwọn işệ èdè fún ọ lófèe, pe nómbà tó wà lórí káàdì ìdánimò rẹ.

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