Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Alabama Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. Attention Arkansas, District of Columbia, Rhode Island and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Attention California Residents: For your protection, California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Attention Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Attention Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison. Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits. Attention Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Attention Massachusetts Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance and civil damages, as determined by a court of law. Attention New Jersey Residents: Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law. Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. Any person who violates this section and is convicted thereof shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Attention Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or a claim containing a false or deceptive statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Any person who violates this section and is convicted thereof shall be subject to a civil penalty not to exceed five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished by a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. Attention Texas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing an intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Attention Vermont Residents: Any person who knowingly and with intent to defraud, aids or abets in the preparation or filing of any application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, or denial of insurance benefits. NOTE: INCOMPLETE CLAIM FORMS WILL BE RETURNED TO YOU FOR MISSING INFORMATION. THIS WILL DELAY THE PROCESSING OF THE CLAIM. FOR FASTER, EASIER SUBMISSION OF CLAIMS, THE PROVIDER MAY CONTACT THE AETNA CLAIM PROCESSING CENTER FOR INFORMATION REGARDING ELECTRONIC CLAIM SUBMISSIONS.

TO THE MEMBER
1. Complete items one (1) through twenty-one (21) in full.
2. Complete items twenty-two (22) through twenty-six (26) only if other medical coverage exists.
3. Be certain to sign the authorization to release information in block twenty-seven (27).
4. If you wish to have your benefits for this claim paid directly to your physician or supplier, sign block twenty-eight (28).
5. If you have submitted a request for benefits to another plan, including Medicare, attach a copy of the bills you submitted to the other plan and the explanation of benefits received from the other plan.
6. Attach itemized bills or ask your health care provider to complete the applicable section on the reverse side. The bills must include:
   - patient's name
   - condition being treated
   - type of service(s) rendered
   - date(s) of service(s)
   - relationship to member
   - drug name
   - purchase date
   - prescription number
   - pharmacy name/address
   - dosage
   - strength
   - physician's name
7. If prescription drugs are covered under your plan, submit receipts or a Prescription Drug Record form. This information can be copied from the prescription bottle or box. Receipt must contain:
   - name of illness or injury
   - quantity
8. Retain copies of your bills for your record.
9. Send the completed benefits request and the bills to:
   Aetna Life Insurance Company
   PO Box 581108
   El Paso, TX 79988

TO THE PHYSICIAN OR SUPPLIER
1. Complete items twenty-nine (29) through forty-five (45) in full.
2. If the member indicates that benefits should be paid directly to the physician or supplier, then these benefits will be sent directly to you with an information copy of the transactions to the member.

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Medical Benefits Request

TO BE COMPLETED BY MEMBER

1. School Name
2. Policy/Group Number

3. Member's Aetna ID Number
4. Member's Name
5. Member's Birthdate (MM/DD/YYYY)

6. Member's Address (include ZIP Code)
   □ Address is new

7. Member's Daytime Telephone Number
   □ Self □ Spouse □ Child □ Other

8. Patient's Name
9. Patient's Aetna ID Number
10. Patient's Birthdate (MM/DD/YYYY)
11. Patient's Relationship to Member
    □ Self □ Spouse □ Child □ Other

12. Patient's Address (if different from member)
13. Patient's Gender
    □ Male □ Female
14. Full Time Student
    □ No □ Yes
15. Patient's Expected Graduation Date

16. Name of School and City

17. Patient's Marital Status
    □ Married □ Single
18. Is patient employed?
    □ No □ Yes
19. Name and Address of Employer

20. Is claim related to an accident?
    □ No □ Yes

21. Is claim related to employment?
    □ No □ Yes

22. Are any family members expenses covered by another group health plan, group pre- 
    payment plan (Blue Cross-Blue Shield, etc.), no fault auto insurance, Medicare or any 
    federal, state or local government plan?
    □ No □ Yes

23. If Yes, list policy or contract holder, policy or contract number(s) and name/address of 
    insurance company or administrator:

24. Member's ID Number
25. Member's Name
26. Member's Birthdate (MM/DD/YYYY)

27. To all providers of health care:
    You are authorized to provide Aetna Life Insurance Company or one of its affiliated companies 
    ("Aetna"), and any independent claim administrators and consulting health professionals 
    and utilization review organizations with whom Aetna has contracted, information concerning health care advice, treatment or supplies provided the patient (including that relating to 
    mental illness and/or AIDS/HIV). This information will be used to evaluate claims for benefits. Aetna may provide the employer named above with any benefit calculation used in 
    payment of this claim for the purpose of reviewing the experience and operation of the policy or contract. This authorization is valid for the term of the policy or contract under which a 
    claim has been submitted. I know that I have a right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is valid as the original.

28. I authorize payment of medical benefits to the physician or supplier of service.

Patient's or Authorized Person's Signature

Date

29. Date of Illness (first symptom) or injury
30. Date first consulted you for this condition
31. If patient has had similar illness or injury, give dates
32. If an emergency check here.
    □ emergency

33. Name of referring physician (e.g., Public Health Agency)
34. For services related to hospitalization give hospitalization dates
    admitted
    discharged

35. Name & address of facility where services rendered (if other than home or office)

36. Diagnosis or nature of illness or injury (please indicate primary and secondary)

1.

2.

3.

4.

37. Procedures, Medical Services, Supplies Furnished

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Place of Service*</th>
<th>Procedure Code Identify**</th>
<th>Description of Service</th>
<th>Type of Service †</th>
<th>Charges</th>
<th>Days or Units</th>
<th>Diagnosis Code † †</th>
</tr>
</thead>
</table>

38. Physician's Name & Address (include ZIP Code)

39. Telephone Number
    ( )

40. Enter the taxpayer identifying number to be used for 
    1099 reporting purposes. You are required under 
    authority of law to furnish your taxpayer identifying 
    number.

41. Patient Account Number

42. Total charge $  
    Amount paid $  
    Balance due $  

43. Physician's or Supplier's Signature

44. National Provider Identifier

45. Date

* Place of Service Codes:
  1 - (H) - Inpatient Hospital
  2 - (OH) - Outpatient Hospital
  3 - (O) - Office Visit
  4 - (H) - Patient Home
  5 - Day Care Facility (PSY)
  6 - Night Care Facility (PSY)
  7 - (NH) - Nursing Home

** Please Use Current Procedural Terminology Codes for Surgery

† Type of Service Codes:
  1 - Medical Care
  2 - Surgery
  3 - Consultation
  4 - Diagnostic X-Ray
  5 - Diagnostic Laboratory
  6 - Radiation Therapy
  7 - Anesthesia

† † Please Use ICD Code for Discharge Diagnosis

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