

Date xx/xx/xxxx

Phone: 800 264.4000

Name
Address
City, ST ZIP

Dear <<Name>>,

Thank you for trusting us with your insurance coverage. We have redesigned our health insurance cards to make it easier and faster for your medical care providers to electronically verify your eligibility and submit your claims. This means better service for you. Please note that ALL of your Medicare Supplement benefits remain the same.

Share your new card with your providers

This card replaces your previous insurance card. You will need to share this new card with your medical care providers to make sure they have the most current information. Discard your previous card and begin using this new one immediately. You can tear off and discard the small stub located on the right side of the card. To request another copy of the card, go to the member secure side of **aetnaseniorproducts.com**.

It's easy to manage your policy online

Remember that you always have access to the member secure side of **aetnaseniorproducts.com**. You can:

- View your policy details
- View your claims
- View your payment status
- Access Member Discount Program details
- Update your contact information

If you have any questions, please contact your agent or our team. Again, thank you for being a part of our family of policyholders.

Sincerely,
Your Policyholder Services Team

