



Reimbursement Agreement (STD)

Complete and sign the form using BLUE or BLACK ink.

Aetna Life Insurance Company (Aetna) has issued to my employer,

_____ group insurance policy STD _____ Suffix _____ Account _____ (the STD policy) under which I am a covered employee.

If my claim for Short Term Disability ("STD") benefits is approved, in consideration of the payment of STD benefits without reduction on account of other payments to which I or my eligible dependents may become entitled under the United States Social Security Act or from any of the other income sources described in the STD policy, I hereby agree to reimburse Aetna for any and all overpayments made to me under the STD policy. I understand that Aetna agrees to make payment in this manner in consideration of my agreement to promptly notify Aetna of the amounts and effective dates of any such benefits, and to promptly repay same. This reimbursement is applicable whether said amounts are paid by formal award, informal compromise, settlement, redemption agreement, or otherwise, regardless of the term used to describe such payment under applicable law. Further, I agree that any benefits due me, my beneficiaries, heirs, executors, administrators, or assigns under the STD policy may be applied to any outstanding overpayment whether resulting from retroactive award of Social Security or any other income benefits as described in the STD policy.

With respect to any group life insurance coverage provided me by Aetna and in consideration of the foregoing, I hereby assign to Aetna, as creditor beneficiary, an amount of such group life insurance equal to the amount of any overpayment which may be outstanding under the STD policy at the time of death.

Signature of Witness

Signature of Employee/Authorized Representative

Social Security Number

Employee Gender Male Female

Date of Birth (MM/DD/YYYY):

Signature Date (MM/DD/YYYY)

Mail this completed form to: **Aetna Life Insurance Company**
P.O. Box 14560
Lexington, KY 40512-4560
Fax Number: 866-667-1987