



Insurance Producer Attestation – CA

Applicant's Name

Applicant's Social Security Number										
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										

Applicant's Form ID Number										
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										

Effective January 1st 2009, California AB 2569 requires all agents and brokers to complete this attestation with every application submitted. You have the responsibility of assisting the applicant in providing accurate answers to all health questions on the application.

		General Agent	Insurance Broker
1. Did you see the proposed applicant (and spouse/domestic partner, if applying) at the time this application was executed? If No, provide explanation:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. To the best of your knowledge, is the information on this application complete and accurate? If No, provide explanation:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you willfully state as true any material fact you know to be false, you shall, in addition to any applicable penalties or remedies available under current law, be subject to a civil penalty of up to \$10,000.			
3. You have explained in easy to understand English (or via translation where applicable) the risk to the applicant of providing inaccurate information on this application, and that the applicant fully understands your explanation.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Insurance Producer (Required)		Signature of General Agent (Required, if applicable)	
Date	E-mail Address	Date	E-mail Address
Name of Insurance Producer or Agency to be assigned as Broker of Record (print name)		Name of General Agent (print name)	
TIN Insurance Producer or Agency to be assigned as Broker of Record		Agent TIN Number	
Street Address (Suite No./Personal Mail Box (PMB) No./City/State/ZIP Code)		Street Address (Suite No./Personal Mail Box (PMB) No./City/State/ZIP Code)	
Telephone Number ()	Fax Number ()	Telephone Number ()	Fax Number ()

Please attach this attestation form to the application before submitting to Aetna.

If the application has been submitted, please complete this attestation form and submit via fax or email:

Fax #: 1-860-907-3350

Email: AttestationForm@aetna.com

Failure to complete this form in its entirety will result in the application being returned to the applicant.