



# Sworn Statement of Check Forgery for Businesses

ECHS Category – ELTR  
Control#: Forgery1  
FOR INTERNAL USE

Aetna, Inc.  
Attn: BFR– Forgery Dept.  
PO Box 981106  
El Paso, TX 79998-1106  
EMAIL: [OAForgeryRequests@AETNA.com](mailto:OAForgeryRequests@AETNA.com)  
FAX: (844)-622-3025 toll-free

**Please complete and notarize this sworn statement and submit via EMAIL or FAX.**

Contact name, phone number and correct billing address should be included with your submission.  
Please retain a copy for your records and mail the **original form**.

### This is a sworn statement regarding this check:

- I have examined a photocopy of the check from Aetna Life Insurance Company (or an affiliated company) and I agree that the payee is \_\_\_\_\_  
 Account# \_\_\_\_\_ Check# \_\_\_\_\_ Check date is \_\_\_\_\_  
 Written check amount is \_\_\_\_\_ dollars (\$ \_\_\_\_\_)
- The payee never received this check nor received any money associated with the check.
- The payee did not use money from this check to pay off any debts or obligations.
- The payee has never endorsed this check nor given someone the authority to endorse this check.
- If determined the payee did endorse the check, if a replacement was sent, the payee will reimburse Aetna in full.

Name of business representative \_\_\_\_\_

Title \_\_\_\_\_

My signature (Signed in witness of Notary Public) \_\_\_\_\_

### For Notary Public:

This document has been signed and sworn to before me on \_\_\_\_\_ (Date)

In the state of \_\_\_\_\_

**Notary Seal**

and county \_\_\_\_\_

Notary Public signature \_\_\_\_\_

Notary's commission expires on \_\_\_\_\_

**NOTE:** Please return the completed notarized statement within 21 days of the notary signature or the statement will be void due to the requirements of the banks.