



# Sworn Statement of Check Forgery for Foreign Individuals

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 my sworn statement regarding this check:

1. I have examined a photocopy of the check from Aetna Life Insurance Company (or an affiliated company) and I agree that I, \_\_\_\_\_, am the intended Payee listed on the front of the check. (Printed Payee name)

Account# \_\_\_\_\_ Check# \_\_\_\_\_ Check Date is \_\_\_\_\_  
Written amount is \_\_\_\_\_ dollars (\$ \_\_\_\_\_)

- 2. I have never received this check nor did I ever receive any money associated with the check.
- 3. I did not use money from this check to pay off any of my debts or obligations.
- 4. I have never endorsed this check nor did I give someone else the authority to endorse this check.
- 5. If determined I did endorse the check, if a replacement was sent, I will reimburse Aetna in full.

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

### For American Consulate’s Notary Public:

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

In the country / territory of \_\_\_\_\_

**Notary Seal**

and city / province / department / state of \_\_\_\_\_

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.

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512

(CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	<b>vXw&gt;urRM&gt;usdmw&gt;rRpXRtw&gt;zH;w&gt;rRwz. vXwtd.'D;tyShRvXeub.[h.tDRt*D&lt;&lt;ud;b.vDwJpdeD.*H&gt;vXtttd.vXecd.*DR A (ID) tvdRM.wuh&gt;I</b>
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەسپێرێت گەشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تو، پەیوەندی بکە بە ژمارەی سەر نای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjeļok wōņean ñan kwe, kwōn kallok nōm̄ba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'11 ni nizaad k'ehj7 bee n7k1 a'doowo[ doo b33h 717n7g00 naaltsoos bee atah n7198go nanitin7g77 bee n44ho'd01zin7g77 b44sh bee hane'7 bik1'7g77 laj8' h0lne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cïn wëu kør keek tënɔŋ yin. Ke yin cɔl ran ye kɔc kuɔny në namba de abac tö në ID kard duön de tiit de nyin de panakim köu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره فید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.

