

## Sworn Statement of Check Forgery Alteration for Individual

ECHS Category – ELTR Control#: Forgery1 FOR INTERNAL USE

Aetna, Inc. Attn: BFR – Forgery Dept. PO Box 981106 El Paso, TX 79998-1106 EMAIL: <u>OAForgeryRequests@AETNA.com</u> 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: |  |
|---|--|
|   |  |
|   | and I agree that I (Printed Payee Name),,  |
|   | am the intended Payee listed on the front of the original check, of which the name has been altered to |
| 2.  | I am not associated with the printed name on this check.   |
| 3.  | The check information is as follows:   |
|   | Account# /Check# Check date is   |
|   | Written check amount is dollars (\$)   |
| 4.  | I have never received this check, nor did I ever receive any money associated with this check.         |
| 5.  | I did not use money from this check to pay off any of my debts or obligations.                         |
| 6.  | I have never endorsed this check, nor did I give someone else the authority to endorse this check.     |
| 7.  | If determined I did endorse this check, and if a replacement was sent, I will reimburse Aetna in full. |
| 8.  | My printed name (Payee)  |
|   | My signature (Signed in witness of Notary Public)  |
| Fo  | r Notary Public:   |
| Th  | is document has been signed and sworn to before me on(Date)  |
| In 1  | the state of Notary Seal   |
| an  | d country  |
| No  | tary Public signature  |
| No  | tary'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.

GC-1674 (3-23)