

AMENDMENT TO THE AETNA PRODUCER AGREEMENT

AETNA NON-EMPLOYEE CAPTIVE AGENT

This amendment (“Amendment”) to your Aetna Producer Agreement, as may be amended from time to time, is made and entered into by and between Producer and Aetna Health Management, LLC (“Company”) (hereinafter the “Agreement”), to be effective on _____, ____, 2014.

WHEREAS, the Agreement permits Producer to solicit business for certain Company Products;

WHEREAS, the parties wish to amend the Agreement to reflect certain specific terms and conditions applicable to Producer’s engagement as a captive agent of Company for the sale of Retiree Markets’ Products;

NOW, THEREFORE, in consideration of the mutual promises and undertakings contained herein, the parties agree as follows:

1. Producer agrees that at no time during the term of the Agreement shall Producer represent any other company in the sale of Medicare Products within the Affinity Medicare relationship with AAA. For purposes of the foregoing sentence, “Medicare Products” include Medicare Advantage Products (including HMO, PPO and/or PFFS), PDPs, and/or Medigap Plans. Aetna business cards are solely to be used while conducting Aetna Affinity Medicare business.

2. All other terms of the Agreement not amended herein remain in full force and effect. If any terms of this Amendment conflict with the terms of the Agreement, this Amendment shall prevail.

AETNA HEALTH MANAGEMENT, LLC

PRODUCER

BY: _____

BY: _____

Signature

Signature

Print / Type Name

Print / Type Name

Title: _____

Date: _____

Date: _____

Business Card Order Form:

Prior to Aetna ordering business cards you must ensure you have signed and returned the AAA Addendum as well as the Aetna Captive Agreement. All forms should be sent back to Jennifer Brown at Aetna: BrownJ42287@aetna.com. Once the forms are received, they will be processed and your business cards will be ordered and shipped to the address you provide on the card.

1. Name as you want it to appear on the card
2. Street address, City, State and Zip
3. Telephone #1- Mobile or Landline
4. Telephone #2 if applicable- Mobile or Landline
5. Fax # if applicable
6. Email address- Cannot be a Genworth address

Example:

Jennifer Brown, CLTC

123 Florida Drive

Orlando, FL 32836

800-555-5555 Ext. 123 – T

407-555-5555 M

jenniferbrown123456@gmail.com

Name: _____

Address: _____

City, State, Zip: _____

Phone 1: _____

Phone 2: _____

Fax: _____

Email: _____