

**AETNA, INC.  
(MARYLAND)**

**2201 Renaissance Blvd F238  
King of Prussia, PA 19406-0916**

**MEDICAL EMPLOYEE OUT-OF-NETWORK WAIVER FORM**

Your employer has selected an out-of-network option for all members of your group. This option will allow you to receive coverage for services rendered by a Physician or other Medical Provider who does not belong to the Aetna, Inc. provider network. A more detailed description of this benefit and the associated costs, if any, are described in your pre-enrollment materials. Under Maryland law, you have the right to accept or reject this benefit for yourself and your dependents. Please complete the sections below and indicate your choice of coverage.

\_\_\_\_\_  
Employee's Name (Please Print)

\_\_\_\_\_  
Employee's Social Security Number

Employer's Name & Address

Accept - I want Medical Out-of-Network coverage.

Decline - I do not want Medical Out-of-Network coverage.

Dependents (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date