



Sworn Statement of Check Forgery for Foreign 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
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 _____

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.