

Medical Benefits – Claim Instructions

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Alabama Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. Attention Arkansas, District of Columbia, Rhode Island and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Attention California Residents: For your protection California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any figure, incomplete or misleading information is guilty of a felony of the third degree. Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law. Attention Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Attention Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison. Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits. Attention Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or will false or fraudulent claim for payment of a loss or benefit or who knowingly or will false or fraudulen law. Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law. Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties. Attention Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Attention Oregon Residents: Any person who with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law. Attention Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. Attention Texas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties. Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. Patient Signature:

ration Signature.

NOTE: INCOMPLETE CLAIM FORMS WILL BE RETURNED TO YOU FOR MISSING INFORMATION. THIS WILL DELAY THE PROCESSING OF THE CLAIM. FOR FASTER, EASIER SUBMISSION OF CLAIMS, THE PROVIDER MAY CONTACT THE AETNA CLAIM PROCESSING CENTER FOR INFORMATION REGARDING ELECTRONIC CLAIM SUBMISSIONS.

TO THE EMPLOYEE

- 1. Complete items one (1) through twenty-one (21) in full.
- 2. Complete items twenty-two (22) through twenty-six (26) only if other medical coverage exists.
- 3. Be certain to sign the authorization to release information in block twenty-seven (27).
- 4. If you wish to have your benefits for this claim paid directly to your physician or supplier, sign block twenty-eight (28).
- 5. If you have submitted a request for benefits to another plan, including Medicare, attach a copy of the bills you submitted to the other plan and the explanation of benefits you received from the other plan.
- 6. Attach itemized bills with your receipts for proof of payment, or ask your health care provider to complete the applicable section on the reverse side. The bills must include:
 - patient's name
- condition being treated
- type of service(s) rendered

- date(s) of service(s)
- relationship to employee
- If this information is missing, write it on the bill and sign your name.
- 7. If prescription drugs are covered under your plan, submit receipts or a Prescription Drug Record form. Receipt must contain:
 - drug name purchase date prescription number pharmacy name/address dose per/day - nature of illness or injury - quantity - charge - strength - physician's name

This information can be copied from the prescription bottle or box.

- 8. Retain copies of your bills for your record.
- 9. Refer to the back of your ID card for claim mailing address.

TO THE PHYSICIAN OR SUPPLIER

- 1. Complete items twenty-nine (29) through forty-eight (48) in full.
- 2. If the employee indicates that benefits should be paid directly to the physician or supplier, then these benefits will be sent directly to you with an information copy of the transactions to the employee.

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**** aetna*** Medical Benefits Request

Refer to the back of your ID card for claim mailing address

TO E	BE COM	PLETED BY	EMPLOYEE										
1. Employer's Name											2. Policy/Group Number		
3. Employee's Aetna ID Number 4.			lumber	4. Employee's Name						Employee's Birthdate (MM/DD/YYYY)			
6. Active Retired 7. E			ed	7. Employee's Address (include	Employee's Address (include ZIP Code)						8. Employee's Daytime Telephone Number		
			10. Patient's Aetna ID Number	Patient's Aetna ID Number 11. Patient's Birthdate				rthdate (MM/	DD/YYYY)		ationship to Employee		
13. Patient's Address (if different from employee))							14. Patient's Gender Male Female		
15. Patient's Marital Status 10 Married Single				16. Is patient employed?			ne & Ad	Idress of Emp	loyer		<u></u>		
18. Is	s claim re	elated to an a	ccident?								19. Is claim relate	ed to employment?	
[☐ No	☐ Yes If	Yes, date		time am pm						□ No □		
у	If claim is related to medical services received outside of the U.S, what is the name of the country were you received services? 21. The services received outside of the U.S were for Emergency care Scheduled care												
(22. Are any family members expenses covered by another group health plan, group pre-payment plan (Blue Cross- Blue Shield, etc.), no fault auto insurance, Medicare or any federal, state or local government plan? No Yes 23. If Yes, list policy or contract holder, policy or contract number(s) and name/address of insurance company or administrator:												
24. N	Member's	ID Number		25. Member's Name							26. Member's Bir	rthdate (MM/DD/YYYY)	
r p c Patie	27. To all providers of health care: You are authorized to provide Aetna Life Insurance Company or one of its affiliated companies ("Aetna"), and any independent claim administrators and consulting health professionals and utilization review organizations with whom Aetna has contracted, information concerning health care advice, treatment or supplies provided the patient (including that relating to mental illness and/or AIDS/ARC/HIV). This information will be used to evaluate claims for benefits. Aetna may provide the employer named above with any benefit calculation used in payment of this claim for the purpose of reviewing the experience and operation of the policy or contract. This authorization is valid for the term of the policy or contract under which a claim has been submitted. I know that I have a right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original. Patient's or Authorized Person's Signature												
				the physician or supplier of service	е.						_		
			erson's Signature _								Date		
TO E	BE COM	PLETED BY	PHYSICIAN OR SU	JPPLIER									
Date of Illness (first symptom) or injury (accident) or pregnancy (LMP) 30. Date first consulted you for the			30. Date first consulted you for this	condition 31. If patient has had similar illness or injury, give of				ijury, give date	ates 32. If an emergency check here emergency				
33. Date patient able to return to work 34. Date of total disability from				· · · · · · · · · · · · · · · · · · ·	through	35. Date of partial disal from				partial disabilit	bility through		
36. Name of referring physician (e.g., Public Health Agency)				alth Agency)		37. For services related to hospitalization give hosp admitted dis					talization dates charged		
38. N	Name & a	address of fac	ility where services re	indered (if other than home or office)									
1. 2. 3. 4.	2. 3.												
Date		Place of	Procedure Code										
Serv		Service	Identify	Description of Service					Char	ges	Days or Units	Diagnosis Code	
		<u> </u>						1				<u> </u>	
41. Physician's Name & Address (include ZIP Code) 42. Telephone Number 43. Enter the taxpayer identifying number to be used for 1099 reporting purposes. You are required under authority of law to furnish your to identifying number.													
					44. Patient	Account Num	ber	1	,		45. Total cha	arge \$	
						5000.11 110111					Amount paid \$		
									Balance due \$				
46. Physician's or Supplier's Signature					47. National Provider Identifier				48. Date				
40. Physician's or Supplier's Signature				47. INAUONAI Provider identifier						40. Date			

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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).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

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English	To access language services at no cost to you, call the number on your ID card.							
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.							
Amharic	የቋንቋ አንልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡፡							
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.							
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով							
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe							
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।							
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားပန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ် တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ် ဆိုပါ။							
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.							
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.							
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.							
Cherokee	GYƏJ SUHAƏJ TOOLOTJI CAFƏJ JCEGWJJ AY, OÞAbWOB ƏƏY J4ƏJ HSAUP OOT ID IHAƏJ CVPT.							
Chinese Traditional	如欲使用免費語言服務,請撥打您健康保險卡上所列的電話號碼							
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah							
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID							
Cushitic- Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.							
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.							
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.							
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.							
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.							
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.							
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.							
Hawaiian	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.							
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।							

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Igbo Inv	weta enyemaka asusu na akwughi ugwo obula, kpoo nomba no na kaadi njirimara gi
	nno maakses dagiti serhisio ti nagsasao nga awanan ti hayadna, awagan ti numero nga adda
Hocano '	an ti ID kardmo.
Indonesian	ntuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di rtu asuransi Anda.
IIalian	er accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera entificativa.
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 ∞	ာဌတၢကမ္နာ့ ကိုုာတၢ မာစဌာအတၢ ဖံးတၢ မာတဖာ ၀ဌတအိၣဒီးအပ္ဒာလဌနကဘာဟာ့ာအီာအက္စ္ဂ်ီ ကိုးဘာလီတဲစိနီာဂံၢ လဌအအိာလဌနခိုာဂ်ဳံး ဗ (၍) လိုု့သက္၊၍
Korean 무.	료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
	yuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat ong matibla
Kurdish .	بر دمسپیرِ اگمیشتن به خزمهتگوز اری زمان بهبی تتیچوون بو تق، پهیوهندی بکه به ژمارهی سهر ئای دی(ID) کارتی خوّت.
Lao (the	ີ່ ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
	ापल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर Iन करा.
Marshallese Ņa	an bōk jipañ kōn kajin ilo an ejjeļok wōņean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo n.
Micronesian- Ponapean ID.	vehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en
	រឺម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់ បខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navaio I.	áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíigo nanitinígíí e néého'dólzinígíí béésh bee hane'í biká'ígíí áaji' hólne'.
Nepali भा	षासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilofic-Dinka	kɔɔr yïn ran de wɛ̃ɛr de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në ımba de abac tɔ̈ në ID kard duɔ̈n de tiit de nyin de panakim kɔ̈u.
Norwegian For	or tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian- Dutch Un	m 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 قید شده روی کارت شناسایی خود تماس بگیرید.
	by uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na rcie identyfikacyjnej.
Pormonese	ra aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão e identificação.
	ਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian Pe	entru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.

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Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.							
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.							
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.							
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.							
Sudanic Fulfulde	Heeɓa a naasta nder ekkitol jaangirde woldeji walla yoɓugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa.							
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.							
Syriac- Assyrian	رخمنيه به موني جه سلخيل د به منحت خکيم، مونحن خيريک جوني مونيخ مويي خون موني حقبته کر							
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.							
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.							
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน							
Tongan	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.							
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.							
Ukrainian	Щоб безкоштовнј отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.							
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔							
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.							
Yiddish	. קארטל ID אייער אויף אייער אויף ארטל, רופט דעם נומער אויף אייער							
Yoruba	Láti ráyèsí àwọn işệ èdè fún ọ lófệé, pe nómbà tó wà lórí káàdì ìdánimò rẹ.							

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