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 false, 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 false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Attention Missouri 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, denial of insurance and civil damages, as determined by a court of 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: Date:

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

- Complete items one (1) through twenty-one (21) in full. 1.
- Complete items twenty-two (22) through twenty-six (26) only if other medical coverage exists. 2.
- 3. Be certain to sign the authorization to release information in block twenty-seven (27).
- If you wish to have your benefits for this claim paid directly to your physician or supplier, sign block twenty-eight (28). 4.
- 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 5. 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 - date(s) of service(s)
- type of service(s) rendered

- 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:

- purchase date - prescription number - drug name pharmacy name/address - dose per/day - charge - strength - physician's name
- nature of illness or injury - quantity

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

- 8. Retain copies of your bills for your record.
- Refer to the back of your ID card for claim mailing address. 9.
- TO THE PHYSICIAN OR SUPPLIER
- Complete items twenty-nine (29) through forty-eight (48) in full. 1.
- 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 2. the transactions to the employee.

Hedical Benefits Request

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

| | | EMPLOYEE | | | | | | | | |
|--|---|--|--|---|---|--|--|--|--|---|
| 1. Employer | r's Name | | | | | | | | 2. Policy/Group | Number |
| 3. Employee | nployee's Aetna ID Number 4. Employee's Name | | | | | | 5. Employee's Birthdate (MM/DD/YYYY) | | | |
| _ | ve 🗌 Retir Retirement | ed | 7. Employee's Address (include ZIP Code) Address is new | | | | 8. Employee's D | Daytime Telephone Number | | |
| 9. Patient's | | | 10. Patient's Aetna ID Number | | | 1. Patie | nt's Birthdate | (MM/DD/YYYY) | | ationship to Employee ouse Child Other |
| 13. Patient's | Address (if dif | ferent from employee |) | | | | | | Gender (If you prefe | er not to disclose, leave blank) Non-Binary/Other |
| | Marital Status | | 16. Is patient employed? | | , | 7. Nam | e & Address | of Employer | | |
| | related to an a | | | | | | | | 19. Is claim relate | ed to employment? |
| | | | | time | | _ 🗆 a | am 🗌 pm | | No 🗆 | |
| 20. If claim is | s related to me ived services? | dical services receive | d outside of the U.S, what is the nar | me of the count | ry were | | | ved outside of the l are Schedule | | |
| Cross- Bl | | | by another group health plan, group ince, Medicare or any federal, state o | | | 23. If Yes insur | s, list policy o ance compa | r contract holder, po ny or administrator: | olicy or contract nu | mber(s) and name/address of |
| 24. Member's | s ID Number | | 25. Member's Name | | | | | | 26. Member's Bir | thdate (MM/DD/YYYY) |
| You are and utiliz mental ill payment claim ha | zation review Iness and/or t of this claim is been submi | provide Aetna Life I organizations with w AIDS/ARC/HIV). Th for the purpose of re- tted. I know that I ha | nsurance Company or one of its a hom Aetna has contracted, inform is information will be used to evalu viewing the experience and opera ave a right to receive a copy of thi | nation concern uate claims for ation of the po s authorization | ing health ca benefits. Ae licy or contra upon reque | re advic etna may ct. This st and a | e, treatment y provide the authorizatio gree that a p | or supplies provid employer named n is valid for the te shotographic copy | ed the patient (inc above with any be rm of the policy or of this authorization | cluding that relating to enefit calculation used in r contract under which a |
| 28. I authoriz | ze payment o | f medical benefits to | the physician or supplier of service | e. | | | | | | |
| | | | | | | | | | Date | |
| | | PHYSICIAN OR SL | | | | | | | | |
| | llness (first syn t) or pregnancy | | 30. Date first consulted you for this | condition | 31. If patien | t has had | d similar illne | ss or injury, give dat | | ergency check here |
| (accident | i) or pregnancy | (LIVIP) | | | | | | | | ergency |
| `` | ient able to ret | | 34. Date of total disability | | | | | ate of partial disabil | ty | |
| 33. Date pati | ient able to ret | | from | through | 37. For serv | ices rela | fr | ate of partial disabil om alization give hospit | ty throu | |
| 33. Date pati 36. Name of | ient able to retr | urn to work ician (e.g., Public Hea | from Ith Agency) | | 37. For serv admitte | | fr | om alization give hospit | ty throu | |
| 33. Date pati 36. Name of 38. Name & a | referring phys address of fac | urn to work ician (e.g., Public Hea ility where services re | from Ith Agency) ndered (if other than home or office) | | | | fr | om alization give hospit | ty throu alization dates | |
| 33. Date pati 36. Name of 38. Name & a 39. Diagnosis 1. 2. 3. 4. | referring phys address of fac s or nature of i | urn to work ician (e.g., Public Hea ility where services re Ilness or injury (pleas | from Ith Agency) ndered (if other than home or office) e indicate primary and secondary) | | | | fr | om alization give hospit | ty throu alization dates | |
| 33. Date pati 36. Name of 38. Name & a 39. Diagnosis 1. 2. 3. 4. 40. Procedu | referring phys address of fac s or nature of i | urn to work ician (e.g., Public Hea ility where services re llness or injury (pleas | from Ith Agency) ndered (if other than home or office) e indicate primary and secondary) | | | | fr | om alization give hospit | ty throu alization dates | |
| 33. Date pati 36. Name of 38. Name & a 39. Diagnosis 1. 2. 3. 4. | referring phys address of fac s or nature of i | urn to work ician (e.g., Public Hea ility where services re Ilness or injury (pleas | from Ith Agency) ndered (if other than home or office) e indicate primary and secondary) | | | | fr | om alization give hospit | ty throu alization dates harged | |
| 33. Date pati 36. Name of 38. Name & a 39. Diagnosis 1. 2. 3. 4. 40. Procedu Date of | referring phys address of fac s or nature of i ures, Medical Place of | urn to work ician (e.g., Public Hea ility where services re Ilness or injury (pleas Services, Supplies Procedure Code | from Ith Agency) ndered (if other than home or office) e indicate primary and secondary) s Furnished | | | | fr | om alization give hospit disc | ty throu alization dates harged | igh |
| 33. Date pati 36. Name of 38. Name & a 39. Diagnosis 1. 2. 3. 4. 40. Procedu Date of | referring phys address of fac s or nature of i ures, Medical Place of | urn to work ician (e.g., Public Hea ility where services re Ilness or injury (pleas Services, Supplies Procedure Code | from Ith Agency) ndered (if other than home or office) e indicate primary and secondary) s Furnished | | | | fr | om alization give hospit disc | ty throu alization dates harged | igh |
| 33. Date pati 36. Name of 38. Name & a 39. Diagnosis 1. 2. 3. 4. 40. Procedu Date of Service | ient able to ret referring phys address of fac s or nature of i s or nature of Service | urn to work ician (e.g., Public Hea ility where services re Ilness or injury (pleas Services, Supplies Procedure Code | from Ith Agency) ndered (if other than home or office) e indicate primary and secondary) s Furnished Description of Service | | admitte | | 43. Enter th purpose | om alization give hospit disc Charges | ty throu alization dates harged Days or Units | igh |
| 33. Date pati 36. Name of 38. Name & a 39. Diagnosis 1. 2. 3. 4. 40. Procedu Date of Service | ient able to ret referring phys address of fac s or nature of i s or nature of Service | urn to work ician (e.g., Public Hea ility where services re Ilness or injury (pleas Services, Supplies Procedure Code Identify | from Ith Agency) ndered (if other than home or office) e indicate primary and secondary) s Furnished Description of Service | 42. Telepho ()_ | admitte | d | 43. Enter th purpose | om alization give hospit disc Charges e taxpayer identifyir s. You are required | ty throu alization dates harged Days or Units | Diagnosis Code Diagnosis Code ed for 1099 reporting i law to furnish your taxpayer rrge \$ paid \$ |

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

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. |
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| 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 ավվձար 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 করুন৷ |
| Burmese | သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားပန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။ |
| 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 | ԱՆՖՂ ՔԵՐԻԳԹՂ ԼԹԵՐՆՍՂ Ե ԿԼԹՂ ՂՇЕՇМՍՂ ℁Ջ՝ Թ _Թ ԳРМՆР ӨԹХ 14ԹՂ ዞՏ∀ԹՆ ՆӨТ ID IP೪ԹՂ ՇՆՆԼ |
| 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। |

| Hmong | Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID. |
|--------------------------|---|
| Igbo | Inweta enyemaka asusu na akwughi ugwo obula, kpoo nomba no na kaadi njirimara gi |
| Ilocano | Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo. |
| Indonesian | Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda. |
| Italian | Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa. |
| 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 | လဌတၢကမၤ့ၢကိုၣတၢမၢစဌၢအတၢဖံးတၢမၢတဖာ လဌတအိၣဒီးအၒှၢလဌနကဘာဟ့ၣအီၢအဂ်္ဂျီကိးဘၣလီတဲစိနီၣဂံၢလဌအအိၣလဌနခိၣဂ်ိၢ ဗ (၍) အလို္သာတက္၊၍ |
| Korean | 무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. |
| Kru-Bassa | l nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla |
| Kurdish | بۆ دەسپېراگەيشتن بە خزمەتگوزارى زمان بەبى تتچوون بۆ تۆ ، پەيوەندى بىكە بە ژمارەي سەر ئاي دى(ID) كارتى خۆت. |
| Lao | ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. |
| Marathi | आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा. |
| Marshallese | Ņan bōk jipañ kōn kajin ilo an ejjeļok wōņean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ. |
| Micronesian- Ponapean | Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID. |
| Mon-Khmer, Cambodian | ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់ លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ |
| Navajo | T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílį́igo nanitinígíí bee néého'dólzinígíí béésh bee hane'í biká'ígíí áajį' hólne'. |
| Nepali | भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्। |
| Nilotic-Dinka | Të koor yïn ran de wëër de thokic ke cïn wëu kor keek tënon yïn. Ke yïn col ran ye koc kuony në namba de abac tö në ID kard duön de tiït de nyin de panakim köu. |
| Norwegian | For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. |
| Pennsylvanian- Dutch | Um 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. |
| Polish | Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej. |
| Portuguese | Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação. |
| Punjabi | ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ। |
| Romanian | Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru. |

| 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 | ى ھىبقە مەپ خا بىلخىۋى دۈبنىيە چىكىيە بە، مەنىچە خىتىيە خا قەيمە ئەيچىنى خە ھەييە بىلىغا بىلىغان س |
| 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 | ו קארטל. ID צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער |
| Yoruba | Láti ráyèsí àwọn işé èdè fún ọ lófệé, pe nómbà tó wà lórí káàdì ìdánimò rẹ. |
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