

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 quilty 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 quilty 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 (MM/DD/YYYY):

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 INNOVATION HEALTH CLAIM PROCESSING CENTER FOR INFORMATION REGARDING ELECTRONIC CLAIM SUBMISSIONS.

TO THE EMPLOYEE

- 1. Complete items one (1) through nineteen (19) in full.
- 2. Complete items twenty (20) through twenty-four (24) only if other medical coverage exists.
- 3. Be certain to sign the authorization to release information in block twenty-five (25).
- 4. If you wish to have your benefits for this claim paid directly to your physician or supplier, sign block twenty-six (26).
- 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 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 namedose per/daynature of illness
- prescription number

pharmacy name/address

- nature of illness or injury - quantity

- charge - strength - physician's name

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

- 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-seven (27) through forty-six (46) 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.

GC-1654 (1-19) **IH** Page 1 of 6



Medical Benefits Request

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

TO BE COMPLETED BY E	MPLOYEE									
1. Employer's Name							2. Policy/Group Number			
3. Employee's ID Number		4. Employee's Name							Employee's Birthdate (MM/DD/YYYY)	
6. Active Retired Date of Retirement	I	7. Employee's Address (include ZIP Code) Address is new					8. Employee's I	Daytime Telephone Number		
9. Patient's Name		10. Patient's ID Number			11. Patient's Birthdate (MM/DD/YYYY)			☐ Self ☐ Sp	ationship to Employee oouse	
13. Patient's Address (if different						14. Patient's Ger Male				
15. Patient's Marital Status ☐ Married ☐ Single	17. Name & Address of Employer			f Employer						
18. Is claim related to an accident No Yes If ye	time	ampm				19. Is claim related to employment? ☐ No ☐ Yes				
20. Are any family members of	expenses covered b	y another group health plan, group p nce, Medicare or any federal, state or	re-payment pl	an (Blue 21.	. If Yes, lis		contract holder, poly or administrator:		mber(s) and name/address of	
22. Member's ID Number 23. Member's Name			·	24. Member's Birthdate (MM/DD/YYYY)						
25. To all providers of health care: You are authorized to provide Innovation Health Plan, Inc. or Innovation Health Insurance Company ("Innovation Health"), and any independent claim administrators and consulting health professionals and utilization review organizations with whom Innovation Health 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. Innovation Health 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										
26. I authorize payment of medical benefits to the physician or supplier of service.								Dete		
TO BE COMPLETED BY P		PPLIER						Date		
Date of Illness (first symptom) or injury (accident) or pregnancy (LMP) 28. Date first consulted			condition	29. If patient	ent has had similar illness or injury, give da			ates 30. If an emergency check here ☐ emergency		
31. Date patient able to return to work 32. Date of total disability from			through 33. Date of partial disab			•	ility through			
34. Name of referring physicia		35. For services related to hospitalization give hospi			•					
36. Name & address of facility	y where services rer	ndered (if other than home or office)		•				-		
37. Diagnosis or nature of illnot 1. 2. 3. 4.	ess or injury (please	e indicate primary and secondary)								
38. Procedures, Medical S		Furnished								
	Procedure Code dentify**	Description of Service				ype of ervice †	Charges	Days or Units	Diagnosis Code ††	
					+					
39. Physician's Name & Address (include ZIP Code)			reporting			reporting purp	taxpayer identifying number to be used for 1099 burposes. You are required under authority of law to ur taxpayer identifying number.			
			42. Patient A	Account Numbe	er			43. Total cha Amount Balance	paid \$	
44. Physician's or Supplier's S	45. National Provider Identifier				46. Date					
* Place of Service Codes: 1 - (IH) - Inpatient Hospits 2 - (OH) - Outpatient Hosp 3 - (O) - Office Visit 4 - (H) - Patient Home 5 - Day Care Facilit 6 - Night Care Facil 7 - (NH) - Nursing Home ** Please Use Current Procedu	oital 9 - 0 - (A - I ty (PSY) B - lity (PSY) C - D -	- Other Medical Surgical Fac (RTC) - Residential Treatment Cen (STF) - Specialized Treatment Fac	nter	1 - Mec 2 - Surr 3 - Cor 4 - Diac 5 - Diac 6 - Rac 7 - Ane	edical Care rgery nsultation agnostic X- agnostic La diation The esthesia	-Ray aboratory erapy	8 - As 9 - O 0 - BI A - U M - A Y - Si	econd Opinion on hird Opinion on Ele	ce d Cells for Maintenance Dialysis Elective Surgery	

GC-1654 (1-19) **IH** Page 2 of 6

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

Innovation Health provides 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, 1-800-648-7817, TTY: 711,

Fax: 859-425-3379, 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).

Innovation Health is the brand name used for products and services provided by Innovation Health Insurance Company and/or Innovation Health Plan, Inc. Innovation Health is an affiliate of Inova and Aetna Life Insurance Company and its affiliates. Aetna and its affiliates provide certain management services to Innovation Health.

GC-1654 (1-19) **IH** Page 3 of 6

TTY: 711	T					
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 አንልግለቶችን ያለክፍያ ለማነኘት፣ በማውቂያዎት ላይ ያለውን ቁፕር ይደዉሉ፡ ፡					
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتر اكك.					
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	GYÐJ SCHAÐJ TOÐLONJ LAFÐJ JCEGWNJ ÄY, OÞABWOB ÐÐY J4ÐJ ÞSAÐP OÐT ID ÍHRÐJ C7PT.					
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 ક્રોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર ક્રૉલ 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					

GC-1654 (1-19) **IH** Page 4 of 6

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	vXw>urRM>usdmw>rRpXRtw>zH;w>rRwz. vXwtd.'D;tyShRvXeub.[h.tDRt*D> <ud;b.vdwjpded.*h>vXttd.vXecd.*DR A (ID) tvdRM.wuh>l</ud;b.vdwjpded.*h>					
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.					
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla					
Kurdish	بۆ دەسپېر اگەيشتن بەخزمەتگوزارى زمان بەبئى تىچوون بۆ ئۆ، پەيوەندى بكە بە ژمارەي سەر ئاى 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 សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។					
Navajo	T'11 ni nizaad k'ehj7 bee n7k1 a'doowo[doo b33h 7l7n7g00 naaltsoos bee atah n7l98go nanitin7g77 bee n44ho'd0lzin7g77 b44sh bee hane'7 bik1'7g77 1aj8' h0lne'.					
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःश्ल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।					
Nilotic-Dinka	Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ̈ në ID kard duɔ̈n de tiit de nyin de panakim kɔ̈u.					
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.					

GC-1654 (1-19) **IH** Page 5 of 6

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Sudanic	Heeɓa a naasta nder ekkitol jaangirde woldeji walla yoɓugo, ewnu lamba je ɗon windi ha					
Fulfulde	do ɗerowol maaɗa.					
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya					
	kitambulisho.					
Syriac- Assyrian	ے صبقہ تمامی خل بیلخیا کے دخینی دینی کے تک بھی مذبحت کے جستی خل فلاقی خودمی کے مہتد کے مستحد کے مستحد کے مستحد					
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					
	vį.					
Yiddish	קארטל. ID אריער דעם נומער אויף אייער פריי פון אפצאל, רופט דעם נומער אויף אייער					
Yoruba	Láti ráyèsí àwọn işệ èdè fún ọ lófèé, pe nómbà tó wà lórí káàdì ìdánimò rẹ.					

GC-1654 (1-19) **IH** Page 6 of 6