



AETNA BETTER HEALTH OF MICHIGAN

Member Advisory Committee Application

Aetna Better Health of Michigan has a Member Advisory Committee (MAC). The MAC gives you a place to talk to other members and Aetna Better Health staff. MAC members can also be family members or legal guardians of members, advocates, and community stakeholders. The MAC gives you the chance to tell us what you think about our programs and operations. You can tell us how we can make things better for members. If you have questions call Member Services at **1-866-316-3784** (TTY: **711**). We are here Mon-Fri 8 a.m. to 5 p.m.

It's easy to join the MAC. Just fill out this form and send it to:

Aetna Better Health of Michigan
Attn: Member Services Dept.
1333 Gratiot Avenue
Suite 400
Detroit, MI 48207
Fax: 1- 855-854-3245

PLEASE PRINT OR TYPE CLEARLY:

First Name _____ MI _____ Last Name _____
Organization/Employer (if applicable) _____
Telephone (_____) _____ E-mail Address: _____
Physical Address: _____
City: _____ MI Zip Code: _____ County: _____

Please tell us about yourself. Please write about your background. Are you on any other advisory councils? Attach more pages if needed.



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Please tell us why you want to be on this Committee. What will you offer the team? Limit to 1-2 paragraphs please.

Are you a member of other committees or councils at this time?

- No Yes - Please list:

Race/Ethnicity (Optional):

- American Indiana/Alaska Native
- Asian/Pacific Islander
- Black
- Hispanic
- White
- Other

Experience with Medicaid:

- None
- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years
- More than 10 years

Check Your Membership Category (check all that apply):

- Member- you are enrolled in Aetna Better Health at this time
- Family member or legal guardian of a member – list member name: _____
- Community organization - list community organization here: _____
- Advocate

Can you attend daytime meetings?

- Yes- any time Yes- morning only Yes- afternoon only No

Would you need any special help to join meetings?:

- Transportation
- Interpretation
- Other, please list: _____



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I certify that everything on this form is true and correct. I agree to be on the Aetna Better Health of Michigan Member Advisory Committee for at least one year. I will attend and participate in four meetings a year. I will join any other sub-committee meetings as needed. If I cannot attend, I will tell the Member Services Manager before the meeting.

Signature of Applicant

Date

Filing out this form does not make someone a Committee Member. Aetna Better Health will choose members based on where they live, diversity, and representation of other members.