1. Your employer will complete section A.

2. Complete sections B through G.

3. If you are electing dental coverage, complete the section entitled “DENTAL OPTIONS.”

4. If you are electing medical, complete the section entitled “MEDICAL OPTIONS.”

5. Read the information on the back of the enrollment/change form.

6. Sign and date the enrollment/change.

We look forward to having you as our customer.
**Enrollment/Change Form**

**A**
- OPEN ENROLL
- NEW ENROLL
- CHANGE
- ADD/CHANGE/CANCELLATION
- EMPLOYER NAME
- DATE OF HIRE (MM/DD/CCYY)
- PLAN NUMBER
- SUBGROUP
- CLASS

**B**
- SINGLE
- MARRIED
- SEPARATED
- DIVORCED
- WIDOWED

**C**
- EMPLOYEE NAME (Last)
- (First)
- SOCIAL SECURITY NUMBER
- ADDRESS (Street)
- (City)
- (State)
- (Zip Code)

**D**
- MEDICAL OPTIONS:
  - [ ]
  - [ ]
  - [ ]

**E**
- DENTAL OPTIONS:
  - [ ]
  - [ ] Decline Coverage

**F**
- OTHER HEALTHCARE COVERAGE:
  - Do you or your dependents have other health insurance under a group plan, HMO, or Medicare?
  - [ ] Yes
  - [ ] No

**ADDITIONAL INFORMATION**
- * DEPENDENTS – If totally disabled prior to age 26, attach proof of disability for eligibility review. Dependents are covered under the medical plan to age 26. Proof of student status may be required for dental or vision coverage.
The information provided above is true and correct to the best of my knowledge, and I accept the provisions on the reverse side of this form which I have read and understand. **By my signature below, I acknowledge that I have read and understand the disclosure in this Enrollment/Change Form. I authorize the required payroll deduction for contributory benefits. I also represent that all information shown on this Enrollment/Change Form is correct. I understand that I will not be individually denied coverage or be individually charged different rates as a result of my answers. However, if I knowingly provide false information on this Questionnaire, I understand and agree that it may affect the payment of claims or result in termination of my/or my dependent(s) coverage.**

**EMPLOYEE SIGNATURE / DATE**

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Rev 08/12
PROVISIONS

- Cigna Medical, Dental Traditional, Dental EPO and Vision plans are underwritten or administered by Cigna Health and Life Insurance Company (CHLIC).

- Cigna Dental PPO plans are underwritten or administered by CHLIC, with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries.


- I agree, for myself and my covered dependents, that, in the event any health services provided are the primary responsibility of any other party by way of other group health coverage or by the act or omission of another person, I will fully inform the health plan and will execute such assignments, liens or other documents which may be necessary to enable the health plan to recover the value of the services provided. I further agree that in the event I or any of my covered dependents collect benefits or damages from any other party who has primary responsibility for services provided by the health plan, I will immediately reimburse the health plan to the extent permitted by state law.

FRAUD WARNING

Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

AUTHORIZATION TO DEDUCT CONTRIBUTIONS

I authorize deductions from my earnings of the required contributions, if any, toward the cost of the coverage. This authorization applies only if employee contributions are required.

SPECIAL PROVISIONS FOR EMPLOYERS WITH SECTION 125 PLANS

By allowing an individual to enroll in the health plan, other than during the open enrollment period, Cigna Health and Life Insurance Company and its affiliates do not waive any terms of its contract. Further, by allowing an individual to enroll in the health plan, other than during an open enrollment period, Cigna Health and Life Insurance Company and its affiliates do not thereby express any opinion regarding the appropriateness of the change under Section 125 of the Internal Revenue Code or the terms of the employer’s Section 125 Plan.