

New Business Submission Form/FaxApp

To: Cigna Supplemental Benefits

Fax #: 877-704-8186

AGENT'S INFORMATION (Must be Completed)

| | |
|------------|-------------------------------------------------------------|
| FROM: | |
| PHONE #: | FAX #: |
| WRITING #: | EMAIL: |
| DATE: | NUMBER OF PAGES: + cover |

APPLICANT'S INFORMATION (Must be Completed)

| | | |
|-------|------|--------------------------------------------------------------------------------------------|
| NAME: | SS#: | <input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft |
| NAME: | SS#: | <input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft |
| NAME: | SS#: | <input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft |
| NAME: | SS#: | <input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft |
| NAME: | SS#: | <input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft |

All applications submitted with a single cover sheet must be from the same writing agent.

Procedures:

For the fastest service, send one application per cover sheet and only one application per transmission, unless sending a combo application. Check the Combo box if you are submitting multiple applications for one applicant. You may send up to five applications with a single cover sheet per transmission. **However, do not exceed 25 pages per transmission.** Simply complete the application and fax the following to 877-704-8186.

- FaxApp Cover Sheet
- Application in numeric page order
- Any state specific or replacement forms where applicable
- **Copy of the initial premium check if collected from the client at Point-of-Sale or a voided check so that we can draft for the initial premium. You must submit one or the other or the application cannot be processed.**
- **Medicare Supplement Under Age 65 (disabled) cases are not eligible for the FaxApp Program. You must mail the completed application with a check for first month's premium to the Imaging - New Business address below.**

Premium:

- Agents are encouraged to utilize the bank draft authorization to draft for the first premium in lieu of collecting the initial premium from the applicant.
- If you collected initial premium from the applicant **please indicate the case number on the check** and mail the check, stapled to the top of the FaxApp cover sheet, to:

Imaging - New Business
P.O. Box 559015, Austin, TX 78755-9015

We must receive the premium within 10 days of receipt of the application. If it is not received within 10 days, we will send you a letter stating that the money for the contract must be submitted immediately. If we do not receive the check after 20 days, a letter will be sent stating the contract will be cancelled in 5 days unless we receive payment for the issued contract. **If we do not receive payment after 25 days, a letter will be sent to you and the applicant stating that the file has been closed and the contract has been cancelled due to non-payment of premium.**

