

# Cigna Supplemental Online Contracting Request Form:

If you are interested in contracting with Cigna Supplemental please fill out the information below. Once we receive this form, we will send you an e-mail with a link to complete the contracting online. After you have completed the contracting, you will receive notification of your writing number via e-mail.

Please check the box below if you will be contracting as an individual or agency.

Individual

Agency

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_ NPN: \_\_\_\_\_

Address: \_\_\_\_\_

Resident State: \_\_\_\_\_ Non-Resident States Requesting: \_\_\_\_\_

***Agency ONLY:***

Name: \_\_\_\_\_ Principal Name: \_\_\_\_\_

Agency NPN: \_\_\_\_\_ Agency FEIN: \_\_\_\_\_

***Advancing:***

As Earned

6 months

9 months

12 months

Please send both forms back to Senior Marketing Specialist via fax to 800-878-2025 or e-mail it to [contracting@smsteam.net](mailto:contracting@smsteam.net)

# Contracting Request Form

Please complete the below and return it with your contracting paperwork:

Agent Name: \_\_\_\_\_

Carrier Name: \_\_\_\_\_

1. Have you or your agency (if applicable) ever been contracted previously? (Y/N )

\_\_\_\_\_

*If you answered 'yes' to the question above, please complete the below:*

2. What date did you contract?

\_\_\_\_\_

3. How were you contracted (indv. or corp.)?

\_\_\_\_\_

4. Do you have any downline agents?

\_\_\_\_\_

5. When was the last time you or your downline (if applicable) wrote a piece of business?

\_\_\_\_\_