

# NEW BUSINESS SUBMISSION FORM/FAXAPP

To: Cigna Supplemental Benefits (Fax #: 877.704.8186)

## Agent Information (Required)

From:	
Phone #:	Fax #:
Writing #:	Email:
Date:	Number of pages: + cover

## Applicant Information (Required)

Name:	SS#:	<input type="checkbox"/> Draft <input type="checkbox"/> CWA <input type="checkbox"/> Group
Name:	SS#:	<input type="checkbox"/> Draft <input type="checkbox"/> CWA <input type="checkbox"/> Group
Name:	SS#:	<input type="checkbox"/> Draft <input type="checkbox"/> CWA <input type="checkbox"/> Group
Name:	SS#:	<input type="checkbox"/> Draft <input type="checkbox"/> CWA <input type="checkbox"/> Group
Name:	SS#:	<input type="checkbox"/> Draft <input type="checkbox"/> CWA <input type="checkbox"/> Group

**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, if applicable
- › Copy of the initial premium check, if collected from the customer at the point of sale

## Premium

- › Agents are encouraged to utilize the Bank Draft Authorization form 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

**PO Box 5725, Scranton, PA 18505-5725**

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 policy must be submitted immediately. If we do not receive the check after 20 days, a letter will be sent stating that the contract will be cancelled in five 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 policy has been cancelled due to non-payment of premium.

