Premium Remittance: US Currency Only
Cigna Health and Life Insurance Company
13680 Collection Center Drive
Chicago, IL 60693 USA

Global Health Benefits

Cigna Health and Life Insurance Company
Mailing Address: P.O. Box 15050
Wilmington, DE 19850

Prepaid / Medical Benefits Abroad, MBA

APPLICATION FOR INSURANCE

Scan and email completed application to "sales@individualhealth.com" or
Mail to: Application Processing P O Box 6374, Jackson, WY 83002-6374

It is agreed the insurance applied for will not become effective unless the application is received and approved by Cigna Health and Life Insurance Company (CH) prior to the Effective Date Requested. Acceptability of the application is determined by CH and is based on current underwriting rules and requirements.

Applicant (Full Legal Name): ______

Account Number : (For Internal Use Only) ______

Contact Name: ______

Email: ______

Address: ______

Phone Number: ______

Fax Number: ______

Nature of Business or Job Description: ______

PRODUCER INFORMATION:

Name of Firm: ______

Broker's Name (if none, enter Direct): ______

Address: ______

Phone Number: ______

Fax Number: ______

Tax ID Number: ______

Individual License Number: ______

Email Address: ______

Commission Rate: ______

Effective Date Requested: ______

Number of Employees Traveling: ______

Country Destinations: ______

PLAN DESIGN REQUESTED: (Choose a plan design and the number of weeks of travel)

Benefit US Dollars	**Elite Plan**	**Premier Plus Plan**	**Premier Plan**	**Standard Plan**
	☐	☐	☐	☐
Accidental Death & Dismemberment (☐ Yes ☐ No)	$200,000	$100,000	$100,000	$100,000
Evacuation / Repatriation	$250,000	$100,000	$100,000	$100,000
Calendar Year Benefit Medical Maximum	$500,000	$300,000	$200,000	$100,000
Calendar Year Deductible	$0	$0	$25	$50
Coinsurance (paid by Cigna)	100%	100%	100%	100%
Prescription Drugs	100% covered expenses*	100% covered expenses*	100% covered expenses*	100% covered expenses*
Emergency Dental (includes dental accident & alleviation of sudden unexpected dental pain)	Unlimited – subject to the calendar year medical maximum	$1,000 calendar year maximum	$1,000 calendar year maximum	$1,000 calendar year maximum
Non-U.S. Room & Board	$1500	$1,000	$700	$500
U.S. Room & Board	ASP	ASP	ASP	ASP
Personal Deviation (Sojourn Travel)	Includes 7 days	Not included	Not included	Not included
Pre-Existing Condition	None, subject to the calendar year medical maximum	None, subject to the calendar year medical maximum	None, subject to the calendar year medical maximum	None, subject to the calendar year medical maximum

**100% covered expenses when medically necessary while on an approved international business trip – this benefit also includes replacement medicine for lost prescriptions that are medically necessary during an international business trip.*

Weeks of Travel

☐ 0 to 24 Weeks ☐ 25 to 49 Weeks ☐ 50 to 74 Weeks ☐ 75 to 99 Weeks

☐ 100 to 149 Weeks ☐ 150 to 249 Weeks ☐ 250 to 499 Weeks ☐ 500 to 749 Weeks

Coverage is non-occupational only and war risk coverage is not included.
A check made payable to Cigna Health and Life Insurance Company must accompany this Application
Remittance address indicated at the top of this application.

ELIGIBILITY DEFINITION: All Full-time active employees who are traveling on the business of or at the expense of the Policyholder outside their country of residence or permanent assignment.

THE APPLICANT DECLARES that he/she has read the application and the answers to the above questions are complete and true. The applicant agrees that this application is offered as an inducement for the group insurance applied for and coverage, if accepted by the Insurance Company, at its Home Office will be issued based on the Plan Design specified above. Group Insurance will only be provided for persons eligible under the policy(s) issued.

HOME COUNTRY COVERAGE: The Policyholder certifies that for each individual employee traveler to be covered under this plan, Policyholder maintains or makes available comprehensive medical benefits to such employee in his or her country of permanent assignment in compliance with applicable laws and regulation, or if applicable, such employee maintains government sponsored comprehensive medical benefits. The Policyholder acknowledges that this coverage is not a substitute for such medical benefits in the employee's country of permanent assignment, and that expenses for medical services incurred in an employee's country of permanent assignment are not covered benefit under this plan.

FRAUD NOTICE: 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.

Authorized Signature: ______________________________ Date: ____________________

Title: ______________________________

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Contact Timothy Jennings (619) 435-6700 with question.