

BANK DETAILS (THIS SECTION FOR ELECTRONIC PAYMENTS ONLY)	BANK ACCOUNT BENEFICIARY NAME	ACCOUNT NUMBER (INTERNATIONAL BANK ACCOUNT NUMBER – IBAN)
	BANK ACCOUNT TYPE	
	BANK NAME	BANK ADDRESS
	BANK ROUTING NUMBER	BANK CITY/STATE
	ABA / Routing / SWIFT / BIC / BSB / Sort codes	
	ACCOUNT CURRENCY	BANK COUNTRY/POSTAL CODE

Verify all account information, bank routing number requirements, and currency requirements for your banking country to ensure the successful transmission of your payment. **Incurred currency or US dollar check may be issued as a default payment. Cigna reserves the right to make electronic payments in the method and format deemed to be the most cost effective and expedient way to reach the payee.**

SECTION E: Occupational/Organized School Related League or Group Claim Information

Complete this section only if you are filing the claim because of an accident occupational (work-related) or intercollegiate sports injury or illness.

INJURY OR ILLNESS OCCURRED WHILE ON THE JOB OR PLAYING SPORTS FOR YOUR SCHOOL?	YES	NO
DESCRIPTION OF HOW INJURY OR ILLNESS OCCURRED		
DATE OF INJURY OR BEGINNING OF ILLNESS (DD/MM/YY)		
ARE YOU OR YOUR DEPENDENT(S) FILING A CLAIM OR LAWSUIT AGAINST A THIRD PARTY INCLUDING AN INSURANCE COMPANY IN ORDER TO RECOVER THE COST OF EXPENSES INCURRED AS A RESULT OF THIS INJURY OR ILLNESS? ▲	YES	NO
IF YES, PLEASE PROVIDE NAME OF THIRD PARTY ▲		

SECTION F: Other Coverage

Complete this section if other coverage is in effect

IS THE PATIENT COVERED UNDER ANOTHER HEALTH INSURANCE PLAN? ▲	YES	NO
IF YES, PROVIDE NAME OF HEALTH INSURANCE COMPANY:		
EFFECTIVE DATE OF COVERAGE (DD/MM/YY):	POLICY NUMBER:	
IS THE PATIENT COVERED UNDER MEDICARE? ▲	YES	NO
IF YOU ANSWERED YES TO EITHER QUESTION ABOVE AND THE OTHER INSURANCE COMPANY IS PRIMARY, PLEASE SEND US THIS FORM AND (1) A COPY OF THE EXPLANATION OF BENEFITS (EOB) AND (2) THE ITEMIZED BILL(S) FOR THIS CLAIM.		

SECTION G: Certification and Payment Authorization

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 which is a crime.

CERTIFICATION: By signing this form, I certify that this claim form does not contain any false or misleading information. I understand that Cigna and/or its subsidiaries may investigate my claims by collecting additional relevant personal information from me and from third parties, if necessary.

PAYMENT AUTHORIZATION: I authorize payment as indicated in Section D of this claim form.

NOTE: The information provided on this form may be disclosed to other persons or entities, including my Plan Sponsor, for the purpose of processing this claim and performing health plan administration and for such purposes as stated on the privacy notices, available upon request or at <http://www.cigna.com/privacyinformation/privacy-notice-and-forms/>.

I authorize the release of any medical information necessary to process this claim and for the purposes stated in the privacy notices. I certify that the information supplied is true and correct. I authorize payment as indicated in Section B of this claim form.

PATIENT SIGNATURE / PARENT OR

LEGAL GUARDIAN IF PATIENT IS A MINOR _____ **DATE (DD/MM/YY):** _____

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Cigna Global Health Benefits®

IMPORTANT CUSTOMER INFORMATION

Itemized bills must include:

Primary customer name	Type of Service	Health care professional name/credentials
Date of Service (DD/MM/YY)	Charge for the service	Health care professional address
Patient name	Diagnosis code/reason for service	

Payment Information:

Electronic Funds Transfer (EFT) – Referred to in the US as ACH (Automated Clearing House)

EFT is only available for electronic payments made in US dollars to US bank accounts. An EFT authorization form must be completed prior to claim submission. The form can be found on our website at: www.CignaEnvoy.com, under My Account. Banking details will be updated within 10 business days after receiving the EFT authorization form. Within 24 hours of banking details being updated, Cigna can begin making electronic payments to the account. Claim payments made in the interim of receiving the authorization will be made by check in US dollars.

ePayment Plussm (Int'l ACH)

International ACH payments are only available for electronic payments in the *United Kingdom, Canada, Hong Kong, Singapore, Australia, Denmark, Sweden or New Zealand* in the local currency of that country. Enrollment must be completed prior to claim submission. To enroll, please access the ePayment Plus online enrollment section found on our website at: www.CignaEnvoy.com, under My Account. Once enrolled, your claim reimbursements will be deposited electronically into the bank account you specify. To cancel electronic deposits to your account you must terminate your ePayment Plus account information through this website. Lifting fees and additional bank charges may apply, please contact your bank for details.

Wire Payments

Wire payments are only available for payments made to banks outside of the United States. For payment to banks located in the United States, you must use the EFT (ACH) option. Enrollment must be completed prior to claim submission. To enroll, please access the wire transfer online enrollment section found on our website at: www.CignaEnvoy.com, under My Account. To cancel electronic deposits to your account, you must terminate your banking information through our website at: www.CignaEnvoy.com. Your bank may charge a fee for incoming wire payments, please contact your bank for details.

Default Payment Process

- If an electronic payment is rejected due to incorrect bank account information, a local currency or US dollar check may be issued until you correct your electronic payment information through our website at: www.CignaEnvoy.com.
- If your electronic bank information is incomplete or incorrect, your claims reimbursement will be issued as a check and mailed to the primary mailing address stated in the form. You will receive reimbursement through the method of choice, once the correct bank information is received.
- All currencies are not available for some countries. If a currency or payment method is not available, the default payment is a US dollar check.
- If payment currency is in Euros and being remitted to one of the following countries, it may be sent as a SEPA payment: *Aland Island, France, Italy, Norway, Austria, French Guiana, Latvia, Poland, Belgium, Germany, Liechtenstein, Portugal, Bulgaria, Gibraltar, Lithuania, Reunion, Cyprus, Guadeloupe, Luxembourg, Romania, Czech Republic, Greece, Malta, Slovakia, Denmark, Hungary, Martinique, Spain, Estonia, Iceland, Monaco, Switzerland, Finland, Ireland, Netherlands or United Kingdom.*
- Cigna reserves the right to make electronic payments in the method and format deemed to be most cost effective and expedient to reach the payee.

