

COMPLETING THIS REQUEST

- **The owner of the account must sign and date the completed form in Box 29.** This certifies the expenses you've included on the form are for health care-related services or items.
- Fill out all required fields. An * indicates required information.
- If you're not sure of your account number, requested in Box 12, please call Customer Service at 800-CIGNA-24 for help.
- Only write in one date in Box 15. If the service was delivered over two or more days, use the first day the service was received.
- Do not write "See attached" or "N/A" in any space.
- Use a separate form for each person, healthcare professional or facility.
 - If you have reimbursement requests for different people, please use a separate form for each person.
 - If you would like CIGNA to pay the healthcare professional or facility directly, please use a separate form for each healthcare professional or facility.

SUBMITTING RECEIPTS

- All requests should be submitted with itemized receipts or the explanation of benefits sent by CIGNA showing the services or items you listed in Section 17. Original receipts or photocopies are acceptable as long as they include:
 - Date of service or purchase
 - Type of service or purchase
 - Name and address of the healthcare professional, facility, or retail store
 - Total amount charged
- If a receipt is smaller than 8-1/2" x 11", please tape it to a blank sheet of paper so that it can be easily scanned.
- Please circle the expenses you identified on this form if the receipt shows other charges as well. Do not use a highlighter.
- You can use cash register receipts for over-the-counter, retail items or prescriptions.
- Your reimbursement request may be denied or payment delayed if the form is not filled out completely.

GENERAL INFORMATION

- Expenses can be reimbursed **only** after services have been provided, and **not when you are billed, are charged for or pay for services.**
- If an expense is covered by insurance, please wait until the claim has been processed by the insurance company.
- Keep a copy of completed reimbursement request forms and the attached documentation. You may need them for your income taxes.
- All reimbursements will be paid to the employee, unless you fill in Boxes 22 through 28.
- To have payment sent directly to the healthcare professional or facility, check Box 22 and fill in Boxes 23 through 28.
- Download reimbursement forms and get general information about flexible spending or health reimbursement accounts at www.myCIGNA.com
- If you have any questions or need help with this form, call 1.800.CIGNA.24, or the number on the back of your CIGNA ID card.

Fax the completed and signed form, along with receipts, to: 423-553-8953 **or**

Mail to: CIGNA HealthCare, PO Box 182223, Chattanooga, TN 37422-7223

"CIGNA" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc. licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.