

Cigna Global Health Benefits[®] Medical Benefits Abroad[®] Quote Request

To obtain an MBA® quote, please complete and return the following information to your Cigna Global Health Benefits contact. With complete information Cigna Global Health Benefits can usually turn around a complete proposal in five business days.

Company Information							
Company:							
Company Address:							
Website:							
Company Contact:							
Email:			Telephone:				
Nature of Business:							
Does the company (requesting coverage) currently employ a minimum of 25 employees worldwide? All employees do not need to be on the travel policy.			Ye	s No			
Producer Information	on						
Company Name:			Website:				
Producer Name:			Commission (Standard-10%):				
Address:			Telephone:				
			Fax:				
Email:							
Plan Information							
Desired Effective Date:							
Nationality of persons to be insured:							
Occupations of persons to be insured:							
Travel Destinations:							
Travel Data U.S. Destination		ıs	Non-U.S. Destinations				
A) Total number of pers	sons to be insured						
B) Total number of trips per person							
C) Average duration of each trip							
D) Total number of weeks (AxBxC=D)							

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Benefit Information						
Desired Plan Type: (For plan design details, see our brochure)	Elit Pre	e emier	Premier Plus Standard			
If Non-Standard:						
Medical Maximum (not to exceed \$1,000,000)	\$					
Evacuation/Repatriation Maximum (not to exceed \$250,000)	\$					
AD&D Maximum (not to exceed \$500,000)	\$					
Emergency Dental	Unlimited to medical max \$1,000 CYM					
Non-U.S. Room & Board (not to exceed \$1,500 daily maximum)	\$					
Dependent Cover	Yes	5	No			
Personal Deviation Cover (sojourn travel)	Yes	6 (7 days)	Yes (14 days)	No		
Exposure Details						
DBA coverage?	Yes	5	No			
Security or Mining Group?	Yes	3	No			
If applicable, will the travelers be located in the mines?	Yes	3	No	Not Applicable		
If applicable, will the travelers be carrying weapons?	Yes	3	No	Not Applicable		

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