



**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:
Nature of Business or Job Description:	Fax Number:

**PRODUCER INFORMATION:**

Name of Firm:	Phone Number:
Broker's Name (if none, enter Direct):	Fax Number:
Address:	Tax ID Number:
Email Address:	Individual License Number:
Effective Date Requested:	Commission Rate:
	Number of Employees Traveling:

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

<u>Benefit US Dollars</u>	<u>Elite Plan</u>	<u>Premier Plus Plan</u>	<u>Premier Plan</u>	<u>Standard Plan</u>
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.