Insured and/or Administered by Cigna Connecticut General Life Insurance Company Cigna Health and Life Insurance Company

Cigna DENTAL Enrollment / Change Form Cigna Health and Life Insurance Please print and thank you for providing this information



A	Cigna Account No. 3334889 Effective Date of Add/Change				Employer Name New Milford Board of Education			Employer Address New Milford Public Schools, 50 East Street, New Milford, CT 06776				
	☐Open Enrollme☐ New Enrollme☐ Change☐ Reinstate	ent ent	Type of Change Add Dependent(s Cancel Dependen Transfer to COE 18 mos. List names in Sec	t(s)* RA 29 mos	☐ Cancel Employe☐ Address Change		Branch Code ACTIVE COBRA				Dental/Vision Benefit Option ☐ DENT2 PPO	
В	Employee Name (last)			(first)			(M.I.) Social Security No.					
	Employee Date of Birth	mployee Date of Birth Home Phone			Work Phone		Home E-Mail Addres	SS				
	Address(Street) (City)			•		(State)		(Zip Code)				
	Last Name		First Name	M.I.	Dependent SSN		Date of Birth	Gender	Coverage		Dental Prov. ID (DHMO Only)	
	Employee Same As Above			Same As Above Same As Above		Same As Above	☐ M ☐ F	☐ Dental ☐ Add ☐ Cancel				
	Spouse (whom you wish to						□ M □ Dental □ F □ Add □ Cancel		ncel			
	Dependent (whom you wish to cover) Dependent (whom you wish to cover)						☐ M ☐ F	☐ Dental ☐ Add ☐ Ca	ncel			
							□ M □ F	☐ Dental ☐ Cancel				
	Dependent (whom you wish to cover)							□ M □ F	☐ Dental ☐ Add ☐ Ca	ncel		
С	Other Health Care Coverage Do you or your dependants have other health insurance under a group plan, HMO, PPO or Medicare? Insurance Name of person covered Social Security or Medicare No. Effective Date Part A Part B Medicaid Carrier Name											
	l.											
		ignature – The information provided above is true and correct to the best of my knowledge.										
D	Employee's Signature/ I	Employee's Signature / Date E-Signed: Employer's Signature / Date										

Cigna Provisions

- "Cigna" refers to various operating subsidiaries of Cigna Corporation. Products and services provided by these subsidiaries and not by Cigna Corporation. These 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.
- I agree, for myself and my dependents, that, in the event any health services provided are the primary responsibility of any other party by way of other group health coverage or by the act or omission of another person to fully inform the healthplan and will execute such assignments, liens or other documents which may be necessary to enable the healthplan to recover the value of the services provided. I further agree that in the event I or any of my dependents collect benefits or damages from any other party who has primary responsibility for services provided by the healthplans I will immediately reimburse the healthplan to the extent of services provided to the extent permitted by state law.

FRAUD WARNING

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.

AUTHORIZATION TO DEDUCT CONTRIBUTIONS

I authorize deductions from my earnings of the required contributions, if any, toward the cost of the coverage. This authorization applies only if employee contributions are required.

SPECIAL PROVISION FOR EMPLOYERS WITH SECTION 125 PLANS

By allowing an individual to enroll in the Insurance Plan other than during the open enrollment period, CIGNA HealthCare or Connecticut General Life Insurance Company does not waive any terms of its contract. Further, by allowing an individual to enroll in the Insurance Plan other than during the open enrollment period, CIGNA HealthCare or Connecticut General Life Insurance Company does not thereby express any opinion regarding the appropriateness of the change under Section 125 of the Internal Revenue Code or the terms of the employer's Section 125 plan.

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