

# Linking License Application Form

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Your Name

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Your Company

## Your Company Information

Your company is:  a health care provider                       a vendor to  
CIGNA

a CIGNA plan sponsor                       a broker or  
consultant

and would like to link to:

CIGNA.com                       myCIGNA.com  
 CIGNAforhcp.com                        
CIGNAaccess.com

Business address:

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Name and title of  
primary contact:

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Contact's number  
& email address:

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Your site's URL:

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Is this site accessible to  
the public?                       Yes                       No

URL of the page linking  
to CIGNA.com:

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Name of your business  
contact(s) at:

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CIGNA HealthCare

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CIGNA Group Insurance

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CIGNA International

*Fax this form and the Linking License Application to the Linking License Administrator at 215.761.2824. You'll receive an email response within 10 business days. If your request is accepted, we'll attach an approved CIGNA logo/service mark to use to link your website to ours.*

*(rev. 02/2017)*