



REQUEST FOR CIGNAaccess.com

CIGNAaccess.com provides access to the information and tools you need to ensure that your organization and plan participants get the most out of your CIGNA benefits. Whether it's medical or pharmacy, you'll have real-time access to information that will simplify plan administration, allow you to quickly answer your employees' benefit and claim questions and manage eligibility information for each of your enrolled employees. Helpful resources are just a click away – register today!

Use this form to request access to CIGNAaccess.com only if Primary Administrator is Owner or Group Contact.

Client Information

Group Name:

Group Address:

City:	State:	Zip
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Primary Administrator Information

First Name:	Last Name:
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Office Phone Number (including extension):
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Email Address:

Check only one: <input type="checkbox"/> Yes, as the group contact I would like to be the Primary Administrator. <input type="checkbox"/> Yes, as the _____ of group I would like to be the Primary Administrator. (Owner, President, etc.)
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A secure Email, including your password, will be sent to you upon activation.

Client Signature: _____ Date: _____

**Note – In accordance with CIGNA security policies, passwords will not be sent to E-mail addresses that contain global servers such as, “@yahoo.com” “@aol.com” “@hotmail.com,” etc. Administrators with such E-Mail addresses should anticipate longer lead times as passwords will be sent via US Mail.*