

Easy Pay Authorization



I hereby authorize CIGNA to debit my account at the financial institution identified below on the 5th-10th day of each month for my monthly CIGNA Individual and Family Plan premium payment. If funds are insufficient, I understand I will be responsible to pay my premium via check or money order received by CIGNA before the 30th day of the month in which the premium is due.

I understand that this authorization will remain in effect until the earlier of 1) termination of the underlying CIGNA Individual and Family Plan; 2) written notice from CIGNA that it will no longer collect premium under this authorization; 3) without written notice, after two attempts to collect premium result in insufficient funds; 4) the date CIGNA is denied access to my account for any reason; or 5) my revocation of this authorization, by submitting written notice two weeks prior to the address listed below. I understand that by revoking this authorization and canceling this service, I am not canceling my health care coverage.

TO START, CHANGE OR STOP EASY PAY:

I WISH TO: Start Easy Pay Change Easy Pay Stop Easy Pay

Complete all applicable questions and sign form
Include a voided check. (You will not be set up on easy pay unless it is included)

Subscriber Name: _____ Subscriber ID: _____

Address: _____
(Street) (City) (State) (Zip)

Daytime Telephone: _____ Starting Monthly Premium Amount \$: _____

Financial Institution: _____ Telephone: _____

Branch Address: _____
(Street) (City) (State) (Zip)

Account Number: _____ Checking Savings

Month requested to begin Easy Pay: _____

Account Holder Signature: X _____ **Date:** _____

IMPORTANT NOTICE: Signed authorizations received by CIGNA before the 20th day of each month will take effect the following month; those received on or after the 20th day of the month will be effective the following months. (For example, an authorization received on January 27th will take effect in March). Please retain a copy of this authorization for your records and notify us immediately of any changes to the information provided above.

MAIL TO: CIGNA
P.O. Box 30365
Tampa, FL 33630-3365
Phone: 1-877-484-5967
Fax: 1-877-484-5968

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