

Cigna Recurring Electronic Fund Transfer Authorization Form



ONLY complete if you want your premium automatically deducted from your bank account.

Customer name:		
Address:		
City:	State:	Zip code:
Routing number:	Bank account number:	

Attach voided check here:

I hereby authorize Cigna Health and Life Insurance Company (my Cigna plan sponsor) to deduct from my bank account listed above my monthly Cigna premium and/or monthly optional supplemental plan premium amount due, and if applicable any late enrollment penalty amount due. In the event my monthly premium is lower than the expected monthly premium due to overpayments or adjustments, I authorize Cigna Health and Life Insurance Company to automatically deduct my bank account for the lower amount due. This automatic deduction must go through my bank approval process; therefore I understand the first deduction could take several weeks to process. Once approved, this deduction will occur on approximately the 15th of every month and will continue as long as I am enrolled in the Cigna plan or until I select another payment method. But, once withdrawal begins, you may see more than one deduction: The deduction will be 1) A deduction for the current month's premium; and 2) One or more deductions for prior months' premiums when you received health care coverage, but no automatic withdrawals or other payments were made. I understand this authorization will remain in effect regardless if my annual premium changes at any time during my enrollment unless I verbally or in writing revoke this authorization.

Account holder signature:	Today's date:
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MAIL THIS COMPLETED AND SIGNED FORM TO:



Cigna
Attn: MAS Premium Billing
P.O. Box 20012
Nashville, TN 37202-9919

ASK FOR HELP IF NEEDED:



Call 1-866-952-7564
(TTY/TDD users call: 711)
7 days a week, 8 a.m. – 8 p.m.

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