



Please sign below

Signature of customer or personal representative

Date

| | - | | - | | | | |

Printed name of customer or personal representative

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Relationship (if you are the personal representative)

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This authorization expires:

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If the expiration date is omitted from this form, your authorization will expire after one year and a new authorization will need to be submitted at that time.

Note for customers in the following states:

If you live in Arizona, California, Georgia, Illinois, Massachusetts, Montana or Minnesota, your authorization will be valid for no more than one year. Authorizations signed by Virginia residents will be valid for no more than two years. Customers living in those states who seek to authorize disclosure of their personal information for a longer period will have to submit a new authorization at the time that this authorization expires.

This form does not permit Cigna to discuss substance abuse, mental illness, HIV/AIDS or genetic testing information. The provision of treatment, payment, enrollment or eligibility for benefits does not depend on whether I sign this authorization. Information disclosed based on this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations. Any information requested that does not pertain to assisting with my health care and any requests for copies of medical records will require a signed Authorization for Disclosure of PHI form.

If this request is made by a Personal Representative, we will require verification of the authority of that Personal Representative before this request will be considered complete. You have the right to revoke this authorization at any time by writing to Cigna at the address below. You may revoke this authorization except to the extent that action has already been taken based on this authorization.

MAIL COMPLETED FORM TO:



**Cigna Medicare Advantage  
Membership Administrative Services  
P.O. Box 20012  
Nashville, TN 37202-9919**

**OR FAX TO:  
1-615-401-4663**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-668-3813 (TTY 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-668-3813. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-668-3813 (TTY 711). Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. 931674 © 2019 Cigna