

CIGNA HEALTHY WORKING LIFESM



Questions about pre-disability Vocational Coaching

What is a Vocational Coach?

Vocational Coaches are trained professionals who provide counseling and technical assistance to people who are experiencing challenges at work because of an illness or injury.

How can a Vocational Coach help me?

The Coach will talk with you about concerns and challenges you may be experiencing at work because of an injury or illness, excluding any workers' compensation-related conditions. The Coach may assess your needs related to your health condition and give you suggestions on ways to safely perform your job.

The Coach may also recommend new tools or equipment which Cigna may pay for once your employer confirms it is safe for the worksite.

What information will Cigna share with my employer?

If necessary to implement a recommendation, the Coach might speak with your employer in partnership with you. The Coaches abide by the rule of sharing only "minimally necessary" information with your employer and only after we have spoken to you first.

What does the service cost?

There is no cost to you, and within certain limits, Cigna often pays for new equipment, devices or attire the coach may recommend.

Why do I need to sign an authorization form?

A signed authorization form allows the Coach to communicate with your medical provider and other companies Cigna may work with to provide services. The Health Insurance Portability and Accountability Act (HIPAA) laws require a signed authorization before these parties can discuss your case or recommendations with us. The Coach will let you know if they need to contact another company, and the reasons why. The authorization is valid for one year, but can be cancelled at any time.

Will my employer/supervisor know I'm speaking with the Coach?

Your employer may be aware that this program has been offered to you. In some circumstances, the coach may work with you directly without involving your employer or supervisor. In other situations the Coach will discuss something with your employer/supervisor only if deemed necessary and agreed upon by you.

If the Coach recommends a certain piece of equipment or other modifications (such as a modified work schedule) for you, the Coach will form a plan with you on speaking with your employer or supervisor about your needs. Furthermore, the Coach will not discuss any information about your health condition unless that information has already been shared by you.

Together, all the way.SM



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Healthy Working LifeSM Vocational Coaching Referral Form



PLEASE COMPLETE AND RETURN VIA FAX OR EMAIL TO:

Fax: 860.731.3049

Email: PreDisability@Cigna.com

Please also have the employee sign the Authorization Form and FAX it or scan and email it to the above contact information.

TO BE COMPLETED BY THE EMPLOYER			
Employee Last Name	Employee First Name	M.I.	Employee Phone
Employee Occupation	Gender <input type="checkbox"/> M <input type="checkbox"/> F		Age
Company Name			
Street Address (Employee's work location)			
City	State	Zip	
Employee Work Email			
Please check the appropriate blocks regarding the employee's employment and benefit status:			
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Elected Cigna's fully insured LTD coverage	<input type="checkbox"/> No LTD coverage <input type="checkbox"/> Union <input type="checkbox"/> Non-Union
Reason for referral			
Is this injury or illness work related?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the employee aware that you are making this referral?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Will a signed authorization be provided at the time of referral?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has the employee lost any time from work due to this problem?		<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, how much?
Referring person Last Name	Referring person First Name	Date of referral	
Referring person's Work Email		Referring person's Phone	
Contact person's Name (if different than referring person)		Contact person's Phone	

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