

BUSINESS SUBMISSIONS: EXPRESS APP

Quote

You will need your client's DOB or age, tobacco status, gender and zip code in order to receive a Quick Quote. Input this info and you will have current annual, semi-annual, quarterly and monthly premiums for all available plans in your state within seconds! Our Declinable Drug list is easily searchable by typing in the letters or words of a drug or drug related condition. Simply select the plan that best fits your client and you are ready to move on to the application!

The screenshot shows the 'EXPRESS APP' interface with a 'Quick Quote' form. The form includes fields for Zip (36117), DOB (mm/dd/yyyy) or Age (68), Gender (Male), and Tobacco (N). A 'Get Started' button is visible. The background features a woman's portrait and the text 'CUT PAPERWORK with EXPRESS APP!'. Navigation links on the left include 'Cigna Medicare', 'Cigna Supplement', 'Cancer Insurance', 'Heart Attack and Stroke', 'Critical Illness Insurance', and 'Affordable Health'.

The screenshot shows the 'EXPRESS APP' application flow. The top navigation bar includes 'General info', 'Choose Plan', 'Complete Application', and 'Review & Accept'. The 'Choose Plan' step is active. The 'Products' section displays a 'Send Proposal' button and a table of Medicare Supplement plans. The 'Declinable Drug List' (DDL) section shows search results for 'Adriamycin - Cancer X' and 'Agrimyl - Blood Disorder X'. The 'Cancer - First Diagnosis' section shows a premium of \$27.79.

Plan	Annual Premium
Plan A	\$116.64
Plan F	\$143.17
Plan G	\$124.33
Plan N	\$98.76
Plan A	\$102.41
Plan F	\$126.20
Plan G	\$108.60
Plan N	\$86.48

WRITTEN APPLICATIONS



- Use black ink pen on all documents — no marker pens.
- Draw a line through any errors and have the applicant initial corrections. Do not use correction fluid or similar measures.
- Applications must be submitted within thirty (30) days of the signed application date and cannot have a requested effective date prior to the date the application is signed.
- The requested effective date may not be more than sixty (60) days from the date the application was signed. OE cases can be 180 from the sign date.
- Initial full modal premium must be submitted with all applications.
- Applicant and agent must sign and date all designated sections on the application. No Power Of Attorney signatures are acceptable.
- We do not accept stamped signatures from either agents or applicants.
- If applicable, all state-required forms (*e.g., replacement, state disclosure and disenrollment/termination letter*) should accompany the application at the time of submission.
- A HIPAA Authorization must always be signed and submitted with the application.

FAX APP PROGRAM

New Business Submission Form/FaxApp

To: Cigna Supplemental Benefits

Fax #: 877-704-8186

AGENT'S INFORMATION (Must be Completed)

FROM:	
PHONE #:	FAX #:
WRITING #:	EMAIL:
DATE:	NUMBER OF PAGES: + cover

APPLICANT'S INFORMATION (Must be Completed)

NAME:	SS#:	<input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> Combo <input type="checkbox"/> CWA <input type="checkbox"/> Draft

All applications submitted with a single cover sheet must be from the same writing agent.

Procedures:

For the fastest service, send one application per cover sheet and only one application per transmission, unless sending a combo application. Check the Combo box if you are submitting multiple applications for one applicant. You may send up to five applications with a single cover sheet per transmission. **However, do not exceed 25 pages per transmission.** Simply complete the application and fax the following to 877-704-8186.

- FaxApp Cover Sheet
- Application in numeric page order
- Any state specific or replacement forms where applicable
- **Copy of the initial premium check if collected from the client at Point-of-Sale or a voided check so that we can draft for the initial premium. You must submit one or the other or the application cannot be processed.**
- **Medicare Supplement Open Enrollment and Guarantee Issue cases are not eligible for the FaxApp Program. You must mail the completed application with a check for first month's premium to the Imaging-New Business address below.**

Premium:

- Agents are encouraged to utilize the bank draft authorization to draft for the first premium in lieu of collecting the initial premium from the applicant.
- If you collected initial premium from the applicant **please indicate the case number on the check** and mail the check, stapled to the top of the FaxApp cover sheet, to:

Imaging-New Business
P.O. Box 559015, Austin, TX 78755-9015

We must receive the premium within 10 days of receipt of the application. If it is not received within 10 days, we will send you a letter stating that the money for the contract must be submitted immediately. If we do not receive the check after 20 days, a letter will be sent stating the contract will be cancelled in 5 days unless we receive payment for the issued contract. **If we do not receive payment after 25 days, a letter will be sent to you and the applicant stating that the file has been closed and the contract has been cancelled due to non-payment of premium.**



CSB-9-0009

9/21/12

The FaxApp Program is encouraged for all paper new business applications (except CWA). An application with all supporting documents is faxed to (877) 704-8186. A case number is assigned and the application is processed.

Your commission is generated the day after issue. All applications submitted via fax must use the Fax App Cover sheet, ([CSB-9-0009](#)).

POINT-OF-SALE PHONE VERIFICATION

Phone Verification /Prescription Data Base Check

- A PV interview and prescription data base check will be conducted on all Med Supp applicants outside an Open Enrollment or Guaranteed Issue period.
- Faster Policy Issue and Faster Commissions with our Point-of-Sale Phone Verification Procedure!
- The PV at the Point-of-Sale should be done while you are meeting with your clients or have your client on the phone. The PV is available with extended hours to better accommodate you in making the call at the Point-of-Sale. Having the ability to initiate this verification call at the Point-of-Sale helps speed processing and gets you paid your commissions faster!

Phone Verification Hours

- Monday – Friday 8 a.m. to 6 p.m. Central time
- Call the Phone Verification Hotline at: (866) 825-4822 to initiate the PV process



The screenshot shows the Cigna AgentView website. At the top left is the Cigna logo. To the right, there's a search bar and a 'Supplemental Benefits' link. Below the logo, it says 'Welcome Brokerage Test, Unread Notices: 21'. A navigation menu includes 'Agency Management', 'Business Building', 'Products', 'Forms & Materials', 'Benefits & Incentives', 'Training', 'News', and 'EXPRESS APP'. The main content area has a 'Welcome to AgentView' heading and a link to learn more about Long Term Care, Life and Annuity business separation. A large yellow banner with sunglasses icon reads 'Don't Get Stuck in the Past!' and provides information about the Great American logo transition. Below the banner is a 'CURRENT NOTICES' section with an envelope icon and a link to 'January 9th, 2013 New Product Releases!'. On the right side, there are 'Related Links' (Commissions, Product Resource Center, Brokerage Supply Form) and 'Quick Links' with a dropdown menu.

AgentView (<http://AgentViewCigna.com>) is your virtual home office!

WHAT YOU WILL FIND ON AGENTVIEW

All forms and material will also be available on AgentView upon the release of each state. AgentView is your primary source for:

- EXPRESS APP
- Advertising Requests
- Agent Training
- Customer Information
- Brochures and Application Packets
- Production Reports
- News and Notices
- Commissions
- Product Availability
- Contracting Forms



ADVERTISING REQUESTS

Client Prospecting Material *Pending State Approval*

Cigna Medicare Supplement SolutionsSM
Insured by American Retirement Life Insurance Company

ENJOY
RETIREMENT
THE WAY
YOU WERE
BORN TO.



GO YOU™

 Cigna.

ARLIC-1-0010-A 12/28/12

You were born an individual,
why shouldn't you be treated as one?

At Cigna,
your Medicare Supplement
policy is all about choice.

That means it's all about you.



Cigna Medicare Supplement SolutionsSM
Insured by Loyal American Life Insurance Company

GO YOU™

 Cigna.

ARLIC-1-0010-B 12/28/12

For **Pre-approved advertising materials**, refer to the CSB Prospecting Portfolio for a variety of advertisements for various products. The CSB Prospecting Portfolio can also be found on AgentView under *Business Building > Creating Ads*.

If you would like to create your own advertisement you must submit a copy of the ad for review by completing an Advertising Material Review Request Form (*CSB-9-0019, found on AgentView*). You can also obtain this form and complete advertising guidelines on AgentView under *Business Building > Creating Ads*.

Cigna Medicare Supplement SolutionsSM

Insured by American Retirement Life Insurance Company

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