

Cigna Healthcare Supplemental Health Solutions Wellness Incentive Claim Form



This document is confidential and proprietary to Cigna Healthcare

Note: * = Required field

Note: Reference your plan documents to determine your Wellness qualification prior to submitting the claim. Please complete the claim form in its entirety.

File this claim form using one of these methods:

Email SuppHealthClaims@CignaHealthcare.com

Mail Cigna Supplemental Health Solutions
P. O. Box 188028
Chattanooga, TN 37422

SECTION 1: EMPLOYEE INFORMATION

Name (First & Last):*		Social Security Number:*	Date of Birth (mm/dd/yyyy):*
Address:*			
Daytime Phone Number:	Email Address:	Was the employee considered active on the date of the incident?*	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, what was the reason the employee was not actively at work?*			
<input type="checkbox"/> Family Leave (FMLA) <input type="checkbox"/> Unpaid Leave of Absence			
<input type="checkbox"/> Paid Leave of Absence <input type="checkbox"/> Other: <input type="text"/>			
Does the employee have health care with Cigna? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 2: EMPLOYER INFORMATION

Name of Employer (at time of claim):*	Group Policy Number:
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SECTION 3: CLAIMANT DEMOGRAPHIC INFORMATION (Complete for Spouse or Child claim only)

Name (First & Last):*	Date of Birth (mm/dd/yyyy):*	Relationship to Insured:*
Address (If different from employee):*		SSN: <input type="checkbox"/> Do not have SSN
Does the claimant have health care with Cigna? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 4: CHILD'S ADDITIONAL INFORMATION: (Complete for Child claim only)

Is the Child a full-time student?*	If Child is not a full-time student, is he/she totally disabled?*	If adult child is disabled, please provide the Social Security Disability Insurance (SSDI) Award Letter.*
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 5: HEALTH SCREENING DETAILS

Date of Screening or Test (mm/dd/yyyy): _____

Health Screening or Test (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Blood test for triglycerides or cholesterol (HDL/LDL) | <input type="checkbox"/> COVID screening, test, or vaccination | <input type="checkbox"/> Osteoporosis screenings |
| <input type="checkbox"/> Bone marrow testing | <input type="checkbox"/> Fasting blood glucose test | <input type="checkbox"/> Pap smear for women over age 18 |
| <input type="checkbox"/> Breast Ultrasound | <input type="checkbox"/> Flexible sigmoidoscopy | <input type="checkbox"/> Stress test on bicycle or treadmill |
| <input type="checkbox"/> Cancer screenings - including blood tests | <input type="checkbox"/> Hemocult stool specimen | <input type="checkbox"/> Thermography |
| <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> Lead poisoning screening | <input type="checkbox"/> Other health screening or test: _____ |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Mammography | |

SECTION 6: WELLNESS DETAILS

Date of Wellness Visit or Exam (mm/dd/yyyy): _____

Wellness Visit or Exam (Check all that apply)

- ☐ Adult general health exams - office treatment, labs or immunizations
- ☐ Routine dental exams
- ☐ Routine gynecological exams
- ☐ Routine prostate exams
- ☐ Routine vision exams

- ☐ Well child care - office treatment, labs or immunizations
- ☐ Other wellness visit or exam: _____

LOCATION AND PROVIDER NAME WHERE WELLNESS OR HEALTH SCREENING SERVICE WAS PERFORMED:

Physician/Facility Name:	Specialty:	Phone Number:	Fax Number:
Address:		Treatment Period:	
Physician/Facility Name:	Specialty:	Phone Number:	Fax Number:
Address:		Treatment Period:	

CAUTION: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act. For residents of the following states, please see the last page of this form: **Alaska, Alabama, Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Pennsylvania, Puerto Rico, Rhode Island, Tennessee, Texas, Virginia, Washington, West Virginia.**

New York Residents: FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5000 and the stated value of the claim for each such violation.

Claimant's Signature*
(or Parent/Guardian if Claimant is under 18 years old)

Date Signed*

The issuance of this form is not the admission of the existence of any insurance nor does it recognize the validity of any claim and is without prejudice to the company's legal rights.

IMPORTANT CLAIM NOTICES

- Alaska Residents:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
- Alabama Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
- Arizona Residents:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- Arkansas Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- California Residents:** For your protection California law requires the following statement appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- Colorado Residents:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- District of Columbia Residents:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- Florida Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- Kansas Residents:** Any person who knowingly and with intent to defraud any insurance company or other person (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, may be guilty of insurance fraud determined by a court of law.
- Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Maine Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- Maryland Residents:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Minnesota Residents:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- New Hampshire Residents:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- New Jersey Residents:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- New Mexico Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
- Ohio Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- Oklahoma Residents:** Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Pennsylvania Residents:** Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico Residents: Caution: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas Residents: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE “MINIMUM ESSENTIAL COVERAGE” OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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