



Client Resources Website

www.Cignaclientresources.com

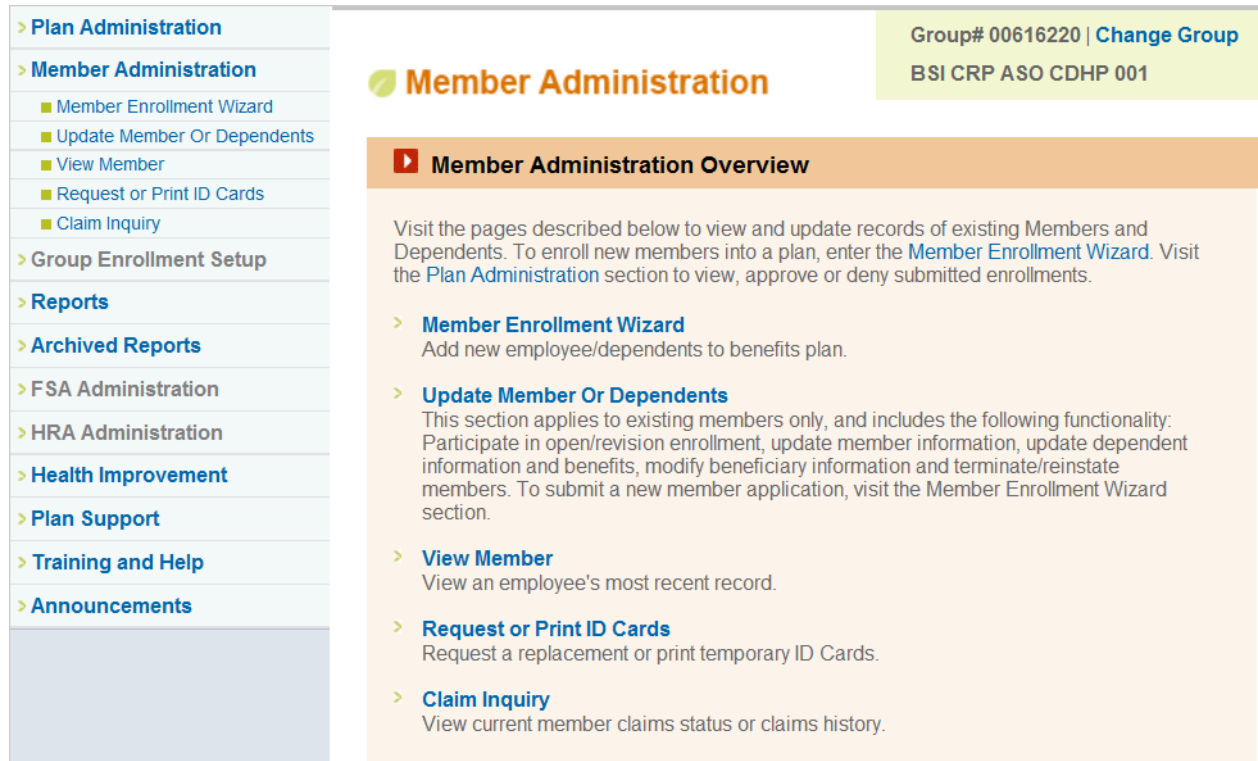
Member Administration

Last Updated: December 18, 2014

Member Administration

The Member Administration section provides access to member-level tasks. Tasks include processing new hire benefit enrollments, and add, update, terminate, or change member and dependent information. Other tasks include viewing claims, and requesting temporary and replacement ID cards.

You can access this section by clicking on 'Member Administration' in the global navigation or from the main content area of the secured home page.



Member Administration

Group# 00616220 | [Change Group](#)
BSI CRP ASO CDHP 001

Member Administration Overview

Visit the pages described below to view and update records of existing Members and Dependents. To enroll new members into a plan, enter the [Member Enrollment Wizard](#). Visit the [Plan Administration](#) section to view, approve or deny submitted enrollments.

- > **Member Enrollment Wizard**
Add new employee/dependents to benefits plan.
- > **Update Member Or Dependents**
This section applies to existing members only, and includes the following functionality: Participate in open/revision enrollment, update member information, update dependent information and benefits, modify beneficiary information and terminate/reinstate members. To submit a new member application, visit the Member Enrollment Wizard section.
- > **View Member**
View an employee's most recent record.
- > **Request or Print ID Cards**
Request a replacement or print temporary ID Cards.
- > **Claim Inquiry**
View current member claims status or claims history.

Note: The following transactions must be sent to the CIGNA home office for processing:

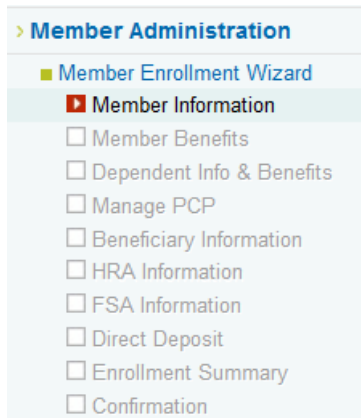
- ✚ Reinstatements after 60 days of termination
- ✚ Social Security Number (SSN)/Member ID changes
- ✚ Changes to benefits outside of open enrollment
- ✚ Individual benefit separations
- ✚ Dependent enrollment for emancipated or divorce
- ✚ Transactions with multiple effective dates
- ✚ Terminations more than 60 days in the past

Transactions which are processed via the website are referred to as *ENROLLMENT*'s. There are several different types of enrollments such as New Hire, Termination, Open Enrollment, Update Member/Dependent, and COBRA.

Member Enrollment Wizard

The Member Enrollment Wizard is used to enroll new members and their dependents into a Cigna benefit plan. The system guides you step-by-step through the enrollment process, saving information each time the 'Next Step' button is clicked.

The steps included are:







- ▶ Member Information
- ▶ Member Benefits
- ▶ Dependent Information & Benefits
- ▶ Manage PCP
- ▶ Beneficiary Information
- ▶ FSA Information
- ▶ Enrollment Summary
- ▶ Confirmation

Your current location in the process is clearly indicated with a red arrow ▶ in the unique 'checklist' navigation. Each completed step is indicated with a ✅ green checkmark. You may return to previous steps if you wish by clicking on the breadcrumb links, changing certain information will affect information from subsequent steps - if this occurs, an alert will appear and you will be required to complete the subsequent steps again.

Member Enrollment Wizard



Each step in the ‘Member Enrollment Wizard’ section includes a control bar at the bottom of the screen. The buttons on this bar are step-level controls that move you between steps of the application and contain the following actions:

-  **Back:** Returns you to the previous screen. Information on the current screen will not be saved.
-  **Cancel Enrollment:** Cancels the entire enrollment and erases all saved data from the system.
-  **Save & Continue Later:** Saves all completed information, allowing you to resume your enrollment at a later time. Your saved enrollment can be found in the Plan Administration section, under the ‘incomplete enrollment’ link
-  **Next Step:** Saves information from the current step and directs you to the next step in the enrollment process.

In addition, some steps require the completion of sub-tasks (e.g. adding multiple dependents). These screens contain form-level controls that allow you to complete a series of smaller sub-tasks while remaining on a single step.

Note: On steps that require the completion of sub-tasks, the ‘Next Step’ button will be disabled until the sub-tasks have been completed.

Member Look Up

Before enrolling a new member, you must first conduct a search to confirm that the enrollee does not yet exist in the system. Enter the enrollee's SSN in the appropriate form field and click the 'Find Member' button.

The image displays two screenshots of the 'Member Enrollment Wizard' web application. The left screenshot shows the search interface with a header 'Member Enrollment Wizard' and a welcome message. Below the header, it asks the user to 'Enter the primary member's 9-digit Social Security number:' and provides two input fields: 'Member ID:' (unselected) and 'Social Security Number:' (selected). A 'FIND MEMBER >' button is at the bottom. The right screenshot shows the results page for SSN 123456789, with a header 'Member Enrollment Wizard' and a sub-header 'Member Lookup Member Welcome'. It displays '00600752 - Bike Warehouse' and the date 'August 26, 2014 3:51 PM EST'. Below this, it says '(Member SSN: 123456789)' and 'Welcome to the Member Enrollment Wizard, an application that makes it easy to enroll new members into your benefits plan.' A message states 'No enrollment history found for SSN 123456789' with an 'ENROLL NOW →' button. A detailed explanation of the enrollment process and a note about updating members are at the bottom.

If the member does not exist in the system, you will be presented with the 'Welcome' page, click the 'Enroll Now' button to begin the enrollment process.

If the member's SSN is identified as already existing, you will receive the following error messages. If you receive either of these messages, the enrollment must be processed by in-house eligibility.

Error
You have indicated that you wish to add a member who already exists in our system for the current policy. Please check the SSN entered and click 'Update Member or Dependents' if you wish to modify this member's enrollment.

You will receive this error message when this member already exists in the system and is either active or has been terminated for less than 12 months

Or

Error
We are unable to process your request, please contact the Client Resources Helpline for assistance, 800-866-5544

You will receive this error message when the member already exists in the system and has been terminated for more than 12 months.

Member Information Page

The Member Information screen collects the member's personal information and contact information. Some fields may be pre-selected, depending on the group's benefits plan.

*Fully Insured funding groups need to select the Member's state of residence for the class; if the state of residence is unavailable, select the Groups state of situs.

Fields marked with * are required.

Classification

Subgroup	Bike Warehouse
Class	All Active Employees

Identification

* Reason for Enrollment

Personal Information

* Requested Effective Date

* Hire Date

* First Name

* Last Name

There are three reasons for enrollment:

- New Hire** – To be used when enrolling an employee just hired by the company and they are enrolling within 31 days of becoming eligible. Approved effective will be based on waiting period.
- Loss of Coverage within 31 Days** – To be used when an employee declined coverage as a new hire because they had other coverage but lost that coverage within the last 31 days.
- Special Enrollee** – To be used when an employee declined coverage as a new hire for a reason other than having other coverage (life event) and can now enroll with no penalty. The approved effective date will either be based on the waiting period or if waiting period has passed on requested effective date.

Enrollment waiting period overrides will need to be sent into eligibility for processing; eliginquiries@Cigna.com

Personal Information

* Requested Effective Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	MM/DD/CCYY Format
* Hire Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	MM/DD/CCYY Format
* First Name	<input type="text"/>	
* Last Name	<input type="text"/>	
Social Security Number	123456799	
* Birth Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	MM/DD/CCYY Format
* Months of Continuous Coverage	<input type="text"/>	
* Gender	<input type="text"/>	
* Marital Status	<input type="text"/>	
Marriage Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	MM/DD/CCYY Format

Contact Information

Home Address:

* Street Address	<input type="text"/>
Address 2	<input type="text"/>
* City	<input type="text"/>
* State/Territory	<input type="text"/>
* Zip	<input type="text"/>

Fill out all demographic information for the member.

Fields marked with an asterisk (*) are required.

When applicable, the MDE and HICN will appear, these fields do not apply to all groups.

Medicare Direct Enrollment (MDE) – Automatic filing of a covered member’s claims with CIGNA after Medicare has processed the claims. Medicare Direct data is informational and does not drive any other functions. It is entered for extraction to the vendor.

Health Insurance Claim Number – When applicable, this number is assigned by Medicare. Fields marked with a red asterisk (*) are required. When all required information has been entered, click the ‘Next Step’ button to continue. You will get an error message if you have not provided the required information or if any information entered is invalid (e.g. date format, etc.).

Email Address – Limited to 40 characters

Class/State Validation –Fully Insured groups only

If the State in the address field does not match the class selected you will receive a prompt to check the class selected. This is a warning only and will not stop the user from proceeding with the enrollment.

The warning reads: **Warning: State/Class do not match. Please recheck.**

In the below example TN was the class selected however Colorado was the home state selected.

This screenshot shows a portion of a web form. On the left is a navigation menu with links: > Reports, > FSA Administration, > HRA Administration, > Plan Support, and > Announcements. The main content area has a 'Class' dropdown menu set to 'TN Office'. Below it is the 'Identification' section with a '* Reason for Enrollment' dropdown set to 'Special Enrollee'. The 'Personal Information' section is partially visible below.

This screenshot shows the 'Contact Information' section of a form. It includes fields for 'Home Address' (Street Address: 465 Oak, Address 2, City: memphis, State/Territory: COLORADO, Zip) and 'Mailing Address' (checkbox for 'Same as Home Address', Street Address, Address 2, City). A red warning message is displayed in a box over the State/Territory field: **Warning: State/Class do not match. Please re-check.**

Member Benefits

Select the benefits the member elected, by clicking on the radio button next to each benefit. The choices presented on this screen are populated according to the selected subgroup and class from the Member Information screen. Your group policy with Cigna will determine what products display, for questions related to your policy products and setup please contact your Cigna representative.

For the products that display you must either select or decline benefit elections on this screen. If you click the 'Next Step' button without providing this information, you will receive an error message. When all required information has been entered, press the 'Next Step' button to continue.

Member Enrollment Wizard: Member Benefits

Welcome > Member Information > Member Benefits

Coverage Options

Medical

- I am declining Medical coverage because I elect to waive Medical
- I am declining Medical coverage because I have other insurance
- I am declining medical coverage because other:
- Open Access Plus
- PPO PPO Network
- HRA Open Access Plus Network
- HSA Open Access Plus Network
IMPORTANT NOTICE: If you or your spouse has opened, or plans to open a Health Care Flexible Spending Account, you may not elect an HSA account. If you already have a Health Care Flexible Spending Account with Cigna and elect the HSA plan during this enrollment, your FSA Healthcare plan will be terminated.
- HRA Open Access Plus Network Only

Dental

- I am declining Dental coverage because I elect to waive Dental
- Dental Indemnity

Life Insurance

- Basic Life (Employee)
- AD&D (Employee)

Dependent Information & Benefits

Click on the desired radio button based on the member elections.

If you elect to receive dependent benefits, clicking the 'Next Step' button will bring you to the Add Dependents screen.

Member Enrollment Wizard: Dependent Information

Welcome > Member Information > Member Benefits > Dependent Info & Benefits

Choose Coverage

I want dependent coverage

I am declining dependent coverage because:

I have no spouse or dependents

My spouse/dependents have other coverage

I do not wish to purchase dependent coverage because other

< BACK CANCEL ENROLLMENT SAVE & CONTINUE LATER NEXT STEP >

You must complete the Add Dependent form for each individual dependent to be added to the subscriber's policy.

Welcome > Member Information > Member Benefits > **Dependent Info & Benefits**

Fields marked with * are required.

Current Dependent

Name	Relationship	Requested Effective Date
Adam Smith	Child	02/01/2011

Add Dependent

Requested Effective Date: 02/01/2011

* First Name:

* Last Name:

* Birth Date: / / MM/DD/CCYY Format

* Months of Continuous Coverage:

* Social Security Number: No SSN?

* Gender:

* Relationship: Definitions

Cancel Dependent Add Save and Add Another Dependent Save Dependent

< BACK CANCEL ENROLLMENT SAVE & CONTINUE LATER NEXT STEP >

Click the 'Save and Add Another Dependent' text link to continue adding dependents, or click the 'Save Dependent' link once all dependents have been added. Each time you save a dependent, your Current Dependents list will reflect the latest addition.

You may **Edit** or **Remove** dependents from this list by clicking the appropriate text link next to each name. The 'Remove' option will be available up until the enrollment is processed through the CIGNA billing and claims system and is in an Active status.

Clicking the 'Next Step' button will bring you to the Dependent Benefits screen.

The choices presented on this screen are pre-populated according to the member's elections, unless your plan allows dependents to elect different benefits than the Subscriber.

Verify that benefit elections are accurate and press the 'Next Step' button to proceed to the next step in the enrollment process.

Member Enrollment Wizard: Dependent Info & Benefits

Welcome > Member Information > Member Benefits > **Dependent Info & Benefits**

Dependent Benefits

Based on your plan options, you may elect any combination of benefits. The dependent coverage can differ from the employee coverage, if you choose. However, the dependents may not receive more coverage than the employee.

Benefits for Children

Medical

Open Access Plus

Dental

Dental PPO Standard Core Network

Vision

Cigna Vision

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Dependent Marital Status- Fully Insured Groups Only

Group# 00614570
FI Bat Distributing

Member Administration

Member Enrollment Wizard: Dependent Info & Benefits

Welcome > Member Information > Member Benefits > Dependent Info & Benefits

Fields marked with * are required.

Add Dependent

Requested Effective Date 05/01/2011

* First Name Ben

* Last Name Blue

* Birth Date 06 / 12 / 2000 MM/DD/CCYY Format

* Social Security Number 112233221 No SSN?

* Gender Male

* Relationship Adult Dependent Definitions

* Marital Status

Cancel Dependent Add | Save and Add Another Dependent | Save Dependent

For groups with the funding type of Fully Insured:

To comply with Federal and State mandates, all Dependents will display a ‘Marital Status’ field. This field is required and must be filled out regardless of the relationship type.

Beneficiary Information

If you chose life insurance as a benefit during the 'Member Benefits' step, you will be asked to provide beneficiary information. Entry of a beneficiary is optional; however, for claim payout, the original beneficiary form will be required, this is not a substitute, and meant only for reporting purposes

First, you have the option of designating an existing dependent as a beneficiary (added during the previous 'Dependent Information & Benefits' step), or you may add a new (non-dependent) beneficiary. Select either the 'Designate Dependent as Beneficiary' or 'Add New Beneficiary' text link to continue.

[Welcome](#) > [Member Information](#) > [Member Benefits](#) > [Dependent Info & Benefits](#) > [Manage PCP](#) > **Beneficiary Information**

Manage Beneficiaries

Designate your primary and contingent beneficiary(ies) and allocate the desired percentage for each. **Primary beneficiary allocation percentage total must equal 100%.**

You may also designate an existing dependent that isn't listed below as a beneficiary, or you may add a new (non-dependent) beneficiary.

Name	Relationship		Primary	Contingent	
None Designated	NA	Edit Remove	<input type="text" value="0"/> %	<input checked="" type="radio"/>	<input type="radio"/>
Allocation % Totals (Calculate):			0%	0%	

[Designate Another Dependent as Beneficiary](#) | [Add New Beneficiary](#)

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If you select the 'Designate Dependent as Beneficiary' option, you will be presented with the Designate Dependents as Beneficiaries screen.

Check the boxes next to the name of each dependent you would like to make a beneficiary. Checking the 'Select All' box will check the box for every dependent listed. When you have made your beneficiary selection(s), press the 'Save Beneficiary Selections' text link to proceed.

Welcome > Member Information > Member Benefits > Dependent Info & Benefits
> Manage PCP > **Beneficiary Information**

Designate Dependents as Beneficiaries

To designate dependents as beneficiaries, check the box next to the dependent's name. You must 'Save Beneficiary selections' to continue.

Name	Relationship
<input type="checkbox"/> Adam Smith	Child

Select All

[Cancel](#) | [Save Beneficiary Selections](#)

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The next screen displays your selected beneficiaries and allows you to manage your beneficiary information. You will be required to designate primary and contingent beneficiary(ies) and allocate the desired percentage for each. Primary and contingent beneficiary allocation percentage totals must equal 100 percent.

Primary Beneficiary(ies): This is the beneficiary(ies) who is first in line to receive the member's life insurance benefit.

Contingent Beneficiary(ies): This is the beneficiary(ies) that will receive the life insurance benefit in the event that the member's primary beneficiary(ies) cannot. Use the 'Calculate' link to ensure the total of the two categories equals 100 percent. When complete, click the 'Next Step' button to continue.

Member Enrollment Wizard: Beneficiary Information

[Welcome](#) >
 [Member Information](#) >
 [Member Benefits](#) >
 [Dependent Info & Benefits](#) >
 [Manage PCP](#) >
 Beneficiary Information

Manage Beneficiaries

Designate your primary and contingent beneficiary(ies) and allocate the desired percentage for each. **Primary beneficiary allocation percentage total must equal 100%.**

You may also designate an existing dependent that isn't listed below as a beneficiary, or you may add a new (non-dependent) beneficiary.

Name	Relationship		Primary	Contingent
Adam Smith	Child	Remove	100%	<input checked="" type="radio"/>
Kim Smith	Sister	Edit Remove	100%	<input type="radio"/>
Allocation % Totals (Calculate):			0%	0%

[Designate Another Dependent as Beneficiary](#) | [Add New Beneficiary](#)

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CANCEL ENROLLMENT
SAVE & CONTINUE LATER

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If you select the 'Add New Beneficiary' option, you will be presented with the Add a New Beneficiary screen, which will allow you to add non-dependent beneficiaries. Complete the required information and click the 'Save New Beneficiary' text link. Complete this process for each non-dependent beneficiary you need to add. Each time you save a beneficiary, your Manage Beneficiaries list will reflect the latest addition. When you're finished adding all beneficiaries, click the 'Next Step' button to continue.

Member Enrollment Wizard: Beneficiary Information

[Welcome](#) > [Member Information](#) > [Member Benefits](#) > [Dependent Info & Benefits](#) > [Manage PCP](#) > **Beneficiary Information**

Add a New Beneficiary

Add a new (non-dependent) beneficiary below. You must 'Save New Beneficiary' to continue.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Social Security Number	<input type="text"/>
Relationship	<input type="text"/>

[Cancel](#) | [Save New Beneficiary](#)

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Enrollment Summary

The Enrollment Summary screen is the final step in the enrollment process. This screen is organized in groupings that correspond to the 'Member Enrollment Wizard' steps and contains all of the information that you entered into the system.

If you'd like to make changes to any information, you may do so by clicking the 'Update' link on the right side of the appropriate header bar.

****Please note: The Approved Effective date will not be populated until the enrollment has been submitted.**

To complete your enrollment, you are required to read the disclaimers at the bottom of the page check the disclaimer box and press the 'Agree to Enrollment' button.

Member Enrollment Wizard: Enrollment Summary

[Welcome](#) > [Member Information](#) > [Member Benefits](#) > [Dependent Info & Benefits](#) > [Manage PCP](#) > [Beneficiary Information](#) > [My FSA](#) > **Enrollment Summary**

Member Information [Update](#)

Personal Information

First Name:	Test
Last Name:	Demo
Social Security Number:	123456789
Birth Date:	08/19/1978
Gender:	Female
Marital Status:	Married

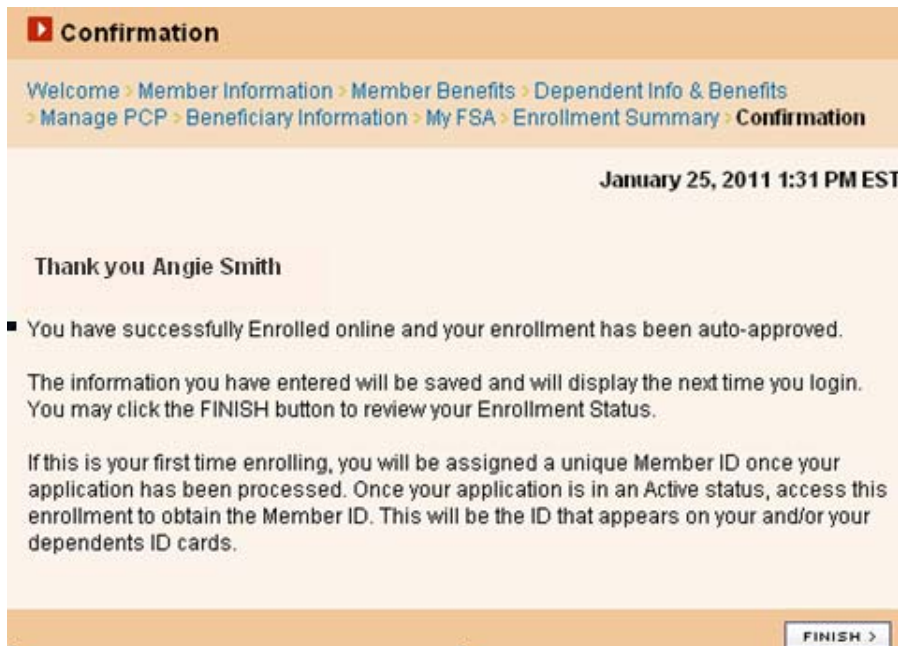
Identification/Classification

Subgroup:	BSI CRP ASO CDHP 002
Class:	All Employees -A001
Hire Date:	10/01/2014
Requested Effective Date:	10/01/2014
Approved Effective Date:	

Confirmation

After you press the 'Agree to Enrollment' button, you are presented with the Confirmation page. At this point, once the enrollment processes through the back end systems (usually 24-48 hours), the new member will be assigned a unique Member ID that applies to both the member and their dependents, if any.

Clicking the 'Finish' button will take you to the member's Welcome screen where you can view the member's assigned Member ID.



The screenshot shows a web application interface with an orange header. The header contains a red play button icon and the word "Confirmation". Below the header is a breadcrumb trail: "Welcome > Member Information > Member Benefits > Dependent Info & Benefits > Manage PCP > Beneficiary Information > My FSA > Enrollment Summary > Confirmation". The main content area is white and contains the following text:

January 25, 2011 1:31 PM EST

Thank you Angie Smith

- You have successfully Enrolled online and your enrollment has been auto-approved.

The information you have entered will be saved and will display the next time you login. You may click the FINISH button to review your Enrollment Status.

If this is your first time enrolling, you will be assigned a unique Member ID once your application has been processed. Once your application is in an Active status, access this enrollment to obtain the Member ID. This will be the ID that appears on your and/or your dependents ID cards.

FINISH >

HSA Member Enrollment

To elect a Health Spending Account product election simply choose the HSA product medical product located on the product election page and select 'Next Step'

Medical

I am declining Medical coverage because I elect to waive Medical

I am declining Medical coverage because I have other insurance

I am declining medical coverage because other:

HSA Open Access Plus Network
IMPORTANT NOTICE: If you or your spouse has opened, or plans to open a Health Care Flexible Spending Account, you may not elect an HSA account. If you already have a Health Care Flexible Spending Account with Cigna and elect the HSA plan during this enrollment, your FSA Healthcare plan will be terminated.

Open Access Plus

PPO PPO Network

If the subscriber elects an HRA or HSA medical plan and the dependents elect medical, they must elect the same medical plan. Therefore, the Dependent Benefits election page will only display the HSA medical plan elected by the subscriber for selection.

During Open Enrollment if the subscriber has medical HSA with an HSA bank designated, then re-enrolls electing a medical HSA plan, the system will not present the Partner Bank page. However if a partner bank has not been previously designated then the system will present the Partner Bank page.

Member Enrollment Wizard: Partner Bank

Welcome > Member Information > Member Benefits > Partner Bank

HSA Account Options

As a result of your medical coverage election, you have the option to open an HSA account at the Partner Bank or make this election at a later time.

I would like to designate the Partner Bank at this time

I am declining to designate the Partner Bank at this time

Partner Bank: THEBANCORP.COM BANK

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HRA Enrollment screens

When the subscriber elects an HRA medical plan, the My HRA page is presented. The My HRA page is informational only, there are no selections to make. If the subscriber elects an HRA or HSA medical plan and the dependents elect medical, they must elect the same medical plan.

My HRA page when debit card is offered

Member Enrollment Wizard: My HRA

Welcome > Member Information > Member Benefits > Dependent Info & Benefits
> Manage PCP > Beneficiary Information > My HRA

My HRA

Class Name	All Employees -A001 (A001)
Plan Name	HRA Open Access Plus Network Only (MHRA0100)
Allocation Levels	
EE Only:	\$375
EE+Family:	\$750

AutoPay

AutoPay is not enabled for any expenses covered under your debit card.

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My HRA page when debit card is not offered

Member Enrollment Wizard: My HRA

Welcome > Member Information > Member Benefits > Dependent Info & Benefits
> Manage PCP > Beneficiary Information > My HRA

My HRA

Class Name	Management - A002 (A002)
Plan Name	HRA Open Access Plus Network Only (MHRA0100)
Allocation Levels	
EE Only:	\$375
EE+Family:	\$750

AutoPay

AutoPay is turned on - Claims will automatically be forwarded to your HRA fund for processing.

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The Subscriber has the option to elect or waive direct deposit during initial enrollment. There are no effective dates for direct deposit, and it is either turned on or off. During open enrollment the subscriber's prior elections (HRA medical, Direct Deposit) are pre-populated, but editable during open enrollment. When the subscriber has elected FSA and HRA, the direct deposit elections will apply to both products

Member Enrollment Wizard: Direct Deposit Elections

Welcome > Member Information > Member Benefits > Dependent Info & Benefits > Manage PCP > Beneficiary Information > My HRA > Direct Deposit

Direct Deposit

I choose to elect Direct Deposit

With this convenient option, reimbursements are automatically deposited into your account, saving time and trips to the bank.

* Account Name

* Bank Account

* Routing Number

* Account Type Checking Savings

I choose to waive Direct Deposit

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FSA Only

For groups who have the FSA Health Care and/or FSA Dependent Care, will be directed to the My FSA page to either election contributions to an FSA plan or to decline FSA, either option must be selected. To decline FSA Enrollment, scroll down to the bottom of the page and check 'I am declining...'

Cigna

Welcome, [Name] Today is November 26, 2013
[My Profile](#) | [Sign Out](#)

Home | Service Request System | Contact Us
 Group Health Plans Insured or Administered by:
 Connecticut General Life Insurance Company
 Cigna Health and Life Insurance Company

Group# 00616032
 BSI CRP RM ASO CDHP 001

Member Administration

My FSA

Welcome > Member Information > Member Benefits > Dependent Info & Benefits
 > Manage PCP > Beneficiary Information > **My FSA**

My FSA

Plan Year Begin Date MM/DD: 01/01

You understand that this is an annual election and cannot be changed during the plan year except in the case of a qualified status change event. It is important to estimate your expenses carefully, because money remaining in your account at the end of the plan year, including grace period, if applicable, (or your separation from service, if earlier) is forfeited and cannot be returned to you or carried over to next years account. If you are a new hire enrolling in the middle of the plan year, your election is for the remainder of the plan year indicated above.

Payroll Frequency: Weekly
 Pay Periods Remaining: 6
 First Contribution Date: 11/26/2013

Employer Contribution

Maximum Health Care Employer Matching Contribution \$200
 Maximum Dependent Care Employer Matching Contribution \$300

Health Care Flexible Spending Account

I choose to elect a Health Care Flexible Spending Account (reimburses eligible medical, dental, vision, prescription and over-the-counter expenses). My annual contribution amount is in addition to the Health Care FSA employer contribution indicated above.

IMPORTANT NOTICE: If you or your spouse has opened, or plans to open an HSA, you may not elect a Health Care Flexible Spending Account.

Plan Maximum Amount	\$2,500.00
* Annual Contribution Amount	1500
Per Pay Period Amount	\$250.00

AutoPay

AutoPay is not enabled for any expenses covered under your debit card

I choose to elect AutoPay

If I elect AutoPay for my Health Care Flexible Spending Account, I hereby certify that (1) I have read and understand the AutoPay terms and conditions as explained below; (2) I hereby authorize CIGNA to reimburse me through my Health Care Flexible Spending Account for all allowable charges on claims which are considered, but not fully paid, by my Employer's health plan offered through CIGNA; (3) I understand and agree that all of my Health Care FSA claims processed under the AutoPay feature are considered to be submitted to the Health Care FSA plan on the date a final claim decision under my employer's health plan is forwarded to the Health Care FSA plan's claims administrator; (4) the AutoPay process will stop once my Health Care FSA benefit balance has been exhausted; (5) I meet the eligibility requirements set forth below and I understand that I must revoke such election if at any time during the plan year I fail to meet the eligibility requirements; and (6) with respect to all my Health Care FSA claims processed under the AutoPay feature, I certify that I (and/or my spouse and/or dependent) have incurred the expenses for reimbursement from my Health Care FSA, these expenses were not reimbursed, and are not reimbursable by any other benefit plan, and I (we) will not claim the expenses reimbursed through my Health Care FSA as deductions or credits when filing my (our) individual return. I agree to refund the plan for any Health Care FSA reimbursement I have received that fails to meet any of the conditions stated in (5) and (6).

You are eligible for AutoPay only if:

- You are enrolled under your employer's Health Care FSA; and
- You are covered under your employer's CIGNA health plan; and
- Neither you, your spouse, nor your dependents have secondary coverage under any other medical or health plan (e.g., an employer's plan of your spouse or your parent); and
- None of the persons, if any, covered under your employer's health plan fails to qualify as your spouse or tax dependent.

Claims reimbursed by your Health Care Flexible Spending Account and other coverage, could result in adverse tax consequences for your Health Care Flexible Spending Account Plan.

I choose to waive AutoPay

Dependent Care Flexible Spending Account

I choose to elect a Dependent Care Flexible Spending Account (reimburses eligible child care and adult day care expenses). I have considered the IRS tax credit available to me. I understand if I am married and filing a separate return, a lower maximum applies. My annual contribution amount is in addition to the Dependent Care FSA employer contribution indicated above.

Plan Maximum Amount	\$5,000.00
* Annual Contribution Amount	3000
Per Pay Period Amount	\$600.00

I am declining participation in the Flexible Spending Accounts.

< BACK | CANCEL ENROLLMENT | SAVE & CONTINUE LATER | NEXT STEP >

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 Sss_Mar_201311202

The My FSA page is divided into four sections:

- My FSA- Provides the payroll frequency, how many pay periods and the date of first contribution.

Member Enrollment Wizard: My FSA

[Welcome](#) > [Member Information](#) > [Member Benefits](#) > [Dependent Info & Benefits](#) > [Manage PCP](#) > [Beneficiary Information](#) > **My FSA**

My FSA

Plan Year Begin Date MM/DD: 10/22

You understand that this is an annual election and cannot be changed during the plan year except in the case of a qualified status change event. It is important to estimate your expenses carefully, because money remaining in your account at the end of the plan year, including grace period, if applicable, (or your separation from service, if earlier) is forfeited and cannot be returned to you or carried over to next years account. If you are a new hire enrolling in the middle of the plan year, your election is for the remainder of the plan year indicated above.

Payroll Frequency	Weekly
Pay Periods Remaining	2
First Contribution Date	10/08/2014

- Healthcare Flexible Spending Account- If electing FSA check the box next to “I choose to...” and enter in the dollar amount of the annual contribution amount

Health Care Flexible Spending Account

I choose to elect a Health Care Flexible Spending Account (reimburses eligible medical, dental, vision, prescription and over-the-counter expenses).

IMPORTANT NOTICE: If you or your spouse has opened, or plans to open an HSA, you may not elect a Health Care Flexible Spending Account.

Plan Maximum Amount	\$2,500.00
* Annual Contribution Amount	<input type="text"/>
Per Pay Period Amount	

- Autopay Subscriber has the option to elect or waive AutoPay during initial and open enrollment.

AutoPay

AutoPay is not enabled for any expenses covered under your debit card.

choose to elect AutoPay

If I elect AutoPay for my Health Care Flexible Spending Account, I hereby certify that (1) I have read and understand the AutoPay terms and conditions as explained below; (2) I hereby authorize CIGNA to reimburse me through my Health Care Flexible Spending Account for all allowable charges on claims which are considered, but not fully paid, by my Employer's health plan offered through CIGNA; (3) I understand and agree that all of my Health Care FSA claims processed under the AutoPay feature are considered to be submitted to the Health Care FSA plan on the date a final claim decision under my employer's health plan is forwarded to the Health Care FSA plan's claims administrator; (4) the AutoPay process will stop once my Health Care FSA benefit balance has been exhausted; (5) I meet the eligibility requirements set forth below and I understand that I must revoke such election if at any time during the plan year I fail to meet the eligibility requirements; and (6) with respect to all my Health Care FSA claims processed under the AutoPay feature, I certify that: I (and/or my spouse and/or dependent) have incurred the expenses for reimbursement from my Health Care FSA; these expenses were not reimbursed, and are not reimbursable by any other benefit plan, and I (we) will not claim the expenses reimbursed through my Health Care FSA as deductions or credits when filing my (our) individual return. I agree to refund the plan for any Health Care FSA reimbursement I have received that fails to meet any of the conditions stated in (5) and (6).

You are eligible for AutoPay only if:

- a) You are enrolled under your employer's Health Care FSA; and
- b) You are covered under your employer's CIGNA health plan; and
- c) Neither you, your spouse, nor your dependents have secondary coverage under any other medical or health plan (e.g., an employer's plan of your spouse or your parent); and
- d) None of the persons, if any, covered under your employer's health plan fails to qualify as your spouse or tax dependent.

Claims reimbursed by your Health Care Flexible Spending Account and other coverage, could result in adverse tax consequences for your Health Care Flexible Spending Account Plan.

I choose to waive AutoPay

- Dependent Care Flexible Spending Account, to elect Dependent Care FSA, check the box next to 'I choose...' and enter in the Annual Contribution Amount

Dependent Care Flexible Spending Account

I choose to elect a Dependent Care Flexible Spending Account (reimburses eligible child care and adult day care expenses). I have considered the IRS tax credit available to me. I understand if I am married and filing a separate return, a lower maximum applies.

Plan Maximum Amount **\$5,000.00**


* Annual Contribution Amount

Per Pay Period Amount

I am declining participation in the Flexible Spending Accounts.

Direct Deposit

The Subscriber has the option to elect or waive direct deposit during initial enrollment. There are no effective dates for direct deposit, and it is either turned on or off. During open enrollment the subscriber's prior elections are pre-populated, but editable during open enrollment. When the subscriber has elected FSA and HRA, the direct deposit elections will apply to both products



Welcome, [REDACTED]
Today is November 26, 2013
[My Profile](#) | [Sign Out](#)

[Home](#) | [Service Request System](#) | [Contact Us](#)
Group Health Plans Insured or Administered by:
Connecticut General Life Insurance Company
Cigna Health and Life Insurance Company

Group# 00616032
BSI CRP RM ASO CDHP 001

- > Plan Administration
- > Member Administration
 - Member Enrollment Wizard
 - Member Information
 - Member Benefits
 - Partner Bank
 - Dependent Info & Benefits
 - Manage PCP
 - Beneficiary Information
 - HRA Information
 - FSA Information
 - Direct Deposit**
 - Enrollment Summary
 - Confirmation
 - Update Member Or Dependents
 - View Member
 - Request or Print ID Cards
 - Claim Inquiry
- > Group Enrollment Setup
- > Reports
- > Archived Reports
- > FSA Administration
- > HRA Administration
- > Health Improvement

Member Administration

Member Enrollment Wizard: Direct Deposit Elections

Welcome > Member Information > Member Benefits > Dependent Info & Benefits
> Manage PCP > Beneficiary Information > My FSA > Direct Deposit

Direct Deposit

I choose to elect Direct Deposit

With this convenient option, reimbursements are automatically deposited into your account, saving time and trips to the bank.

* Account Name
* Bank Account
* Routing Number
* Account Type Checking Savings

I choose to waive Direct Deposit

Update Member or Dependent

This section of the Client Resources website is accessed by clicking the Member Administration link on either the secured home page or the global navigation. From the Member Administration, click the 'Update Member or Dependents' link on the menu screen.

Enrollment Maintenance

Select a maintenance task from the available options below.

- > [Change Member Information](#)
Change address, phone number or any other personal information.
- > [Add/Update/Terminate/Reinstate Dependents/Elect COBRA](#)
Add dependents, update dependent information or terminate/reinstate dependents/Elect COBRA.
- > [Modify Beneficiaries](#)
Modify life insurance beneficiary information.
- > [Terminate Member](#)
Terminate health care and/or FSA benefits.
- > [Update Other Insurance](#)
Update other insurance coverage information.

The Update Member or Dependents section allows you to make updates to the records of existing members and their dependents, including:

- Participate in Open Enrollment
- Participate in Revision Enrollment
- Change Member Information
- Add/Update/Terminate/Reinstate Dependents/Elect COBRA*
- Modify Primary Care Physician (PCP)
- Modify Beneficiaries
- Terminate Member
- Reinstate Member
- Update Other Insurance
- Add/Revoke FSA Automatic Claim Submission (ACS)
- Add/Update/Terminate FSA Direct Deposit

***Note:** The COBRA enrollment link will not appear until the Subscriber has been terminated, and then it will only appear for 60 days following termination.

Member Search / Member Welcome Page

Before you can make any updates, you must first conduct a member search, you can search by Member ID, SSN or Member Name. Both the Last Name and First Name search fields will accept 1-25 characters. A minimum of one alpha character is needed for both name fields.

Update Member Or Dependents

Member Lookup

To find a member record to update, enter the primary member's ID or Social Security Number, or search a Member by Name. To search by name, enter up to 25 characters of the member's last and/or first name to display matching results

Member ID:

Social Security Number:

Member Name: Last Name First Name

If the member exists in the system, you will be presented with the member's Welcome page, which will show the member's Name, Member ID, SSN, enrollment/update options, as well as a cumulative enrollment history.

Group# 00616221

BSI CRP ASO CDHP 002

Member Administration

Update Member or Dependent

[Member Lookup](#) > [Member Welcome](#)

Member: Carol Risky (Member ID: 100629377, Member SSN:)

Enrollment Maintenance

Select a maintenance task from the available options below.

Due to system processing times, some changes may take 2-3 business days to complete.

- > [Change Member Information](#)
Change address, phone number or any other personal information.
- > [Add/Update/Terminate/Reinstate Dependents/Elect COBRA](#)
Add dependents, update dependent information or terminate/reinstate dependents/Elect COBRA.
- > [Modify PCP](#)
Modify Primary Care Physician (PCP) information for you and your dependents.
- > [Modify Beneficiaries](#)
Modify life insurance beneficiary information.
- > [Terminate Member](#)
Terminate health care and/or FSA benefits.
- > [Add/Update/Terminate Direct Deposit](#)
Modify Direct Deposit Selection.

Enrollment History

Enrollment Status	Enrollment Reason	Last Update	Enrollment Creator ID	Enrollment Approver ID
Active	FSA Open Enrollment	10/17/2013	nfouste	nfouste
Active	New Hire	10/16/2013	nfouste	nfouste

History

Enrollment History

Enrollment Status	Enrollment Reason	Last Update	Enrollment Creator ID	Enrollment Approver ID
Active	Change in Dependent Information	1/19/2011	mtorres	mtorres
Active	Change in Member Information	1/19/2011	mtorres	mtorres

There are multiple status entries in the enrollment history. Each will have an enrollment reason, the last update date, the id of who created the enrollment and who approved the enrollment.

Active - Enrollment completed and processed through the CIGNA billing and claim system.

Approved - Enrollment completed and waiting to be processed.

Needing Review by Plan Administrator - Enrollment handled via the Member website and waiting for Plan Administration approval.

Processing – Contact the Client Resources Helpline for assistance, 800-866-5544.

Open Enrollment

The Open Enrollment link is controlled by a script which Cigna sets up. Your account representative will be able to coordinate your Open Enrollment open and closed dates based on specific needs. The open enrollment link will appear on the Member Welcome page once active.

The CRP application only allows for benefit changes during Open Enrollment (OE), established benefit changes will need to be processed by the Eligibility Department. During an Open Enrollment period, the Subgroup, Requested Effective Date, SSN and Member ID will pre-populate with the plan's applicable date and will not be editable. If the information needs to be edited, the changes should be made either before Open Enrollment or after the Open Enrollment time period has been completed.

Note: All Enrollments process via Open Enrollment will stay in 'Approved' status until the groups Open Enrollment has closed. Once the enrollment script has closed the enrollments will feed to the back end systems.

Update Member or Dependent

[Member Lookup](#) > **Member Welcome**

Member: Fred Reese (Member ID: 100629378, Member SSN:)

Enroll in Upcoming Benefits

- > [Participate in Open Enrollment](#)
Open Enrollment is available from 10/01/2014 through 10/15/2014.

Enrollment Maintenance

Select a maintenance task from the available options below.
Due to system processing times, some changes may take 2-3 business days to complete.

- > [Change Member Information](#)
Change address, phone number or any other personal information.
- > [Add/Update/Terminate/Reinstate Dependents/Elect COBRA](#)
Add dependents, update dependent information or terminate/reinstate dependents/Elect COBRA.
- > [Modify PCP](#)
Modify Primary Care Physician (PCP) information for you and your dependents.
- > [Terminate Member](#)
Terminate health care and/or FSA benefits.
- > [Add/Update/Terminate Direct Deposit](#)
Modify Direct Deposit Selection.

Enrollment Maintenance








Enrollment Maintenance is used to manage changes to subscriber and dependent policy information. Benefit modifications can only be made during open enrollment, changes to the benefits during plan year have to be sent to Cigna for processing. In addition, SSN changes will also need to be sent to Cigna Eligibility for processing.

Enrollment Maintenance

Select a maintenance task from the available options below.

Due to system processing times, some changes may take 2-3 business days to complete.

- > [Change Member Information](#)
Change address, phone number or any other personal information.
- > [Add/Update/Terminate/Reinstate Dependents/Elect COBRA](#)
Add dependents, update dependent information or terminate/reinstate dependents/Elect COBRA.
- > [Modify PCP](#)
Modify Primary Care Physician (PCP) information for you and your dependents.
- > [Terminate Member](#)
Terminate health care and/or FSA benefits.
- > [Add/Update/Terminate Direct Deposit](#)
Modify Direct Deposit Selection.

-  **Change Member Information:** This option should be used to change the member's demographic information.
-  **Add/Update/Terminate/Reinstate Dependents/Elect COBRA:** This option should be used to add, update, terminate, reinstate dependents or enroll Dependents into COBRA
-  **Modify PCP:** This option should be used to add, update, or decline primary care physician selections, optional only
-  **Modify Beneficiaries:** This option will only appear for members who elected Life and/or AD&D benefits, where applicable. This option should be used to modify the member's beneficiary information.
-  **Terminate Member:** This option will only appear for members who are active. This option should be used to terminate health care benefits for a member and dependents, if any. Partial benefit terminations will need to be sent to Cigna.
-  **Reinstate Member:** This option will only appear for members who are terminated. This option can be used to reinstate benefits previousl terminated for a member and dependents. Partial benefit reinstatements will need to be to Cigna for processing. Reinstatements are allowed to the application for 60 days from day of termination, over 60 days will need to be sent in to Cigna.
-  **COBRA enrollment:** This option will only appear for members who are terminated and their COBRA is handled by a 3rd party. This link will only be available for 90 days after the termination date.

Change Member Information

When the Change Member Information link is selected you will be taken to the Member Information page which is pre-populated with the member's most recent personal information (name, gender, date of birth, etc.) and contact information (phone, address, email, etc.), and may be edited as necessary.

Add/Update/Terminate/Reinstate Dependents/Elect COBRA

When the Add/Update/Terminate/Reinstate Dependents link is selected you will be taken to the first screen of the Update Enrollment: Dependent Info and Benefits page. Here you can edit Member information which is pre-populated with the member's most recent personal information such as name, gender, date of birth, etc., and may be edited as necessary. If terminating dependent due to death, use the date of death as the requested effective date.

Name	Relationship	Requested Effective Date
Angie Smith	Child	Edit Terminate
Baby Smith	Child	Edit Terminate

[Add Another Dependent](#)

< BACK CANCEL ENROLLMENT SAVE & CONTINUE LATER NEXT STEP >

If the member has a current dependent, you will be taken to the Current Dependents screen. Edit your dependent information by clicking the appropriate 'Edit' link from the Current Dependents list. Edit the pre-populated form on the subsequent screen and click the 'Save Changes' link.

You may click the ‘Save and Add Another Dependent’ text link to continue adding dependents, or click the ‘Save Dependent’ link if all dependents are completed. Each time you save a dependent, your Current Dependents list will reflect the latest addition. You may Edit or Remove dependents from this list by clicking the appropriate text link next to each name.

The Dependent Benefits section will only appear during open/revision enrollment or if you are adding a new dependent and your policy allows for Member Level Benefits, Dental Unhooking or Waive Out. The choices presented on this screen may be pre-populated according to the plan, and may include medical, dental, vision and life insurance options.

Verify that benefit elections are accurate and press the ‘Next Step’ button to proceed to the next step in the enrollment process. As you complete each screen, you will be presented with additional screens that you may be required to complete. Edit the pre-populated information as necessary and click the ‘Next Step’ button(s) until you reach the summary page.

Dependent Benefits

Based on your plan options, you may elect any combination of benefits. The dependent coverage can differ from the employee coverage, if you choose. However, the dependents may not receive more coverage than the employee.

Benefits for Spouse

Medical

Open Access Plus

Dental

Dental Indemnity

Benefits for Children

Medical

Open Access Plus

Consumer Advantage Open Access Network

PPO PPO Network

Dental

Dental Indemnity

Modify Beneficiary Information

If the Modify Beneficiary link is selected and you have chosen life insurance as one of your benefits, the Modify Beneficiary link will be available.

Update Enrollment: Beneficiary Information

Welcome > Beneficiary Information

Manage Beneficiaries

Designate your primary and contingent beneficiary(ies) and allocate the desired percentage for each. **Primary beneficiary allocation percentage total must equal 100%.**

You may also designate an existing dependent that isn't listed below as a beneficiary, or you may add a new (non-dependent) beneficiary.

Name	Relationship		Primary	Contingent
Joe Smith	Spouse	Remove <input type="text" value="100"/>	<input checked="" type="radio"/>	<input type="radio"/>
Allocation % Totals (Calculate):			100%	0%

[Designate Another Dependent as Beneficiary](#) | [Add New Beneficiary](#)

[< BACK](#) [CANCEL ENROLLMENT](#) [SAVE & CONTINUE LATER](#) [NEXT STEP >](#)

The screen displays your current beneficiaries/allocations and allows you to manage your beneficiary information. Select either 'Add New Beneficiary' or 'Designate Another Dependent Beneficiary' to modify your current beneficiary selection. Tracking the Beneficiary information in CRP is informational only.

Terminate Member

To terminate a member if the member is currently active, click the 'Terminate Member' link on the Member Welcome page. You will then be presented with the Terminate Member page. **The requested termination effective date field must reflect the actual termination date.** The portal will calculate your termination rules systematically (end of month or term of employment).

Note: Individual benefit terminations are not allowed within CRP and will need to be sent into Eligibility; eliginquiries@Cigna.com

Note: Termination of a Member will result in the termination of all active Dependents.

The screenshot shows a web form titled "Terminate Member" with a header bar. Below the header, there are several fields for member information:

First Name	Mary
Last Name	Abba
Social Security Number	123963741
Member ID	101127988
Member Effective Date	02/01/2011

Below these fields are two required fields:

- * Requested Termination Date: Three input boxes containing "03", "29", and "2011" with a "MM/DD/CCYY Format" label.
- * Reason for Termination: A dropdown menu with a list of options.

At the bottom of the form, there are three buttons: "CANCEL ENROLLMENT", "SAVE & CONT", and "STEP >".

The dropdown menu for "Reason for Termination" is open, showing the following options:

- Death
- Employee Becomes A Dependent
- End Of Employment
- Entitlement To Medicare
- Gross Misconduct
- Does Not Want Coverage
- Reduction Of Hours
- Retirement - Not Eligible For COBRA
- Retirement
- Uniformed Service Leave

Texas State Termination

This only applies to Fully Insured Groups. Texas has very specific termination rules for groups which have a funding type of Fully Insured.

The law regarding "Retro Terminations" for fully insured funded groups, Situs used in Texas states that "If the termination occurs within seven (7) calendar days prior to the end of the month, carrier will be deemed to be notified of the termination if the notice is received within the first three (3) business days of the month".

“Late in Month” (those that occur within last seven (7) calendar days of the month) terminations will follow specific business rules to determine the actual termination date. **CRP will use the current system date as the notification date when processing TX terminations for fully insured business.**

If the notification date/termination date (described as the system date) is within the first three business days of the month, and the requested termination date is within 7 calendar days of the prior month, the system shall apply an approved effective termination date equal to the last day of the prior month (the termination month).

Examples:

- 1.) If the date of termination is July 27 and the carrier receives notice August 2, the termination date is to be July 31st.
- 2.) If the date of termination is July 27 and the carrier receives notice August 9, the termination date is to be August 31
- 3.) If the date of termination is July 15, and the carrier receives notice August 2, the termination date is to be August 31st
- 4.) If the date of termination is July 15, and the carrier receives notice August 9, the termination date is to be August 31st

***Terminations processed outside of these parameters will be processed at the end of the month in which the termination is received.**

Reinstate Member

If a member is currently inactive (terminated), click on the 'Reinstate Member' link on the member's Welcome page.

Note: If the member has been terminated for more than 60 days, reinstatement requests must be sent to Eligibility (eliginquiries@Cigna.com).

You will then be presented with the Reinstate Member page, which includes a field for 'Requested Reinstatement Effective Date' as well as pre-populated form fields with the member's personal and contact information. When all screens are complete, you will be presented with the Enrollment Summary screen. After you've agreed to the enrollment, you will be presented with the Confirmation page.

Reinstate Member: Member Information

Welcome > Member Information

Fields marked with * are required.

Classification

Subgroup	Founders Network
* Class	Management

Identification

* Requested Reinstatement Effective Date	<input type="text"/> / <input type="text"/> / <input type="text"/> MM/DD/CCYY Format
Termination Date	01/31/2011

Personal Information

Hire Date	08/31/2010
* First Name	Mary
* Last Name	Smith
Social Security Number	123456789
Member ID	101110761
* Birth Date	03 / 28 / 1975 MM/DD/CCYY Format
* Months of Continuous Coverage	0
* Gender	Female

View Member

View Member gives you a real time ‘snap shot’ of the subscriber’s policy information, such as address, dependents, benefit elects, ect.

The screenshot displays a web application interface for member administration. On the left is a vertical sidebar menu with categories: Member Administration (containing Member Enrollment Wizard, Update Member or Dependents, View Member, Request or Print ID Cards, and Claim Inquiry), Group Enrollment Setup, Reports, FSA Administration, HRA Administration, Plan Support, and Announcements. The top navigation bar includes 'Member Administration' with a checkmark icon and 'PORTAL Founders Network'. The main content area is titled 'Member Summary' and contains a section for 'Member Information' which is expanded to show 'Personal Information' and 'Identification/Classification'. The personal information includes fields for First Name (Mary), Last Name (Abba), Social Security Number (123963741), Member ID (101127988), Birth Date (03/25/1970), Gender (Female), Marital Status (Married), and Salary (10.00/Hourly). The identification section shows the Subgroup as Founders Network.

Member Information	
Personal Information	
First Name:	Mary
Last Name:	Abba
Social Security Number:	123963741
Member ID:	101127988
Birth Date:	03/25/1970
Gender:	Female
Marital Status:	Married
Salary:	10.00/Hourly
Identification/Classification	
Subgroup:	Founders Network

Request Member ID Cards

Employers and Plan Administrators can request replacement ID cards or print temporary ID cards for members. Both tasks are accessed by clicking the 'Request Member ID Cards' link. Subscribers can also request replacement cards or print a temporary ID card from the Customer website, myCigna.com.

Request or Print ID Cards

Member Lookup > Select Member/Dependent(s)

Member: Fred Reese (Member ID: 100629378)

Select which members and/or dependents you need cards for and choose your desired option.

I need new ID cards for:	Mailing Address:
<input type="checkbox"/> Select All	Your replacement ID cards will be sent to:
<input type="checkbox"/> Fred Reese	Fred Reese
<input type="checkbox"/> Wanda Reese	9800 Milky Way
<input type="checkbox"/> Penny Reese	St Louis, MO 63129
	This address is incorrect

Each name must be selected individually to retrieve the most current temporary identification for that member.

I need to print temporary identification for:

Fred Reese

Wanda Reese

Penny Reese

Allow 3 business days for temporary identification to reflect name changes.

Before ordering ID cards, you should confirm the accuracy of the member's mailing address. If the address displayed is not correct, you may update it by clicking the 'This address is not correct' link. The ID Card page is divided into two sections:

Request New Id Cards: Check "Select All" to request cards for the whole family, or check the individual name to process an individual id card. It will take approximately two weeks for your new ID card(s) to arrive in the mail

Print Temporary ID Cards: Temporary ID cards are available via the Client Resources website 24-48 hours after the Subscriber has been enrolled and the information has fed to our back end systems. After you click the 'Print Temporary Identification' button on the, you are presented with either a Temporary Medical Identification page or an electronic image of your permanent ID card.

(Temporary Medical Identification)

Member Administration

UAT FIDC Space Manufacturing

Request or Print ID Cards


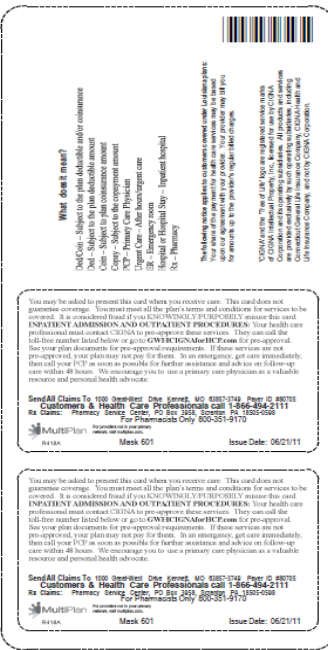
Member Lookup > Select Member/Dependent(s) > Print Temporary Medical Identification

Print this page to use the temporary medical identification below for appointments until your permanent card arrives.

Please Note: Temporary ID cards do not contain all information found on the permanent ID card. Temporary ID cards will expire in ten days or on the Member's current coverage termination date, if sooner. After you've printed the temporary ID card, to request a permanent ID card, please return to the "Request or Print ID Cards" page and click on the Request New ID Cards button.

Front of Temporary Identification:		Back of Temporary Identification:
<p>CIGNA</p> <p>Member Name: Carl Clues</p> <p>Claims Address: CIGNA 1000 Great-West Drive Kennett, MO 63857-3749 PayerID: #90705 For Pharmacists only: 800-351-9170</p>	<p>Member ID: 101133962</p> <p>Group Number: 00614587</p> <p>RxBIN: 600428 RxCN: 05180000 Issuer: 80840</p> <p>Members & Providers Call: (866) 494-2111</p> <p>Issue Date: 06/23/2011</p>	<p>Members: Carry this temporary identification until you receive your permanent card. Pretreatment authorization must be obtained for hospital admissions, outpatient surgeries performed outside a physician's office and for the other services specified in the benefit plan. Member is responsible for obtaining authorization for non-network services. Failure to follow pretreatment authorization procedures may result in a reduction of benefits.</p> <p>Providers: Pretreatment authorization must be received for all services listed above and as specified in the member's benefit plan by calling the number on the front of this identification or online at GWHCIGNAforHCP.com. Emergency hospital admissions must be reported within 48 hours.</p> <p>Notice: Possession of this temporary identification does not guarantee coverage or payment for the service or procedure reviewed. Please call the Member and Provider's number on the front of the identification for eligibility information.</p>

(Permanent Image of Id Card)

 <p>UAT FIDC Space Manufacturing 10113 Central Washington Hwy Yr OC 2011A</p> <p>myCIGNAforhealth.com</p> <p>CIGNA Health and Life Insurance Company</p> <p>Group: 00614587 Issuer: 008400 ID: 101133962 Name: Carl Clues PWP: None Selected No Referral Required</p> <p>RxBIN: 600428 RxCN: 05180000 RCP: 00614587 RMD: 101133962 01</p> <p>myCIGNAforhealth.com</p> <p>CIGNA Health and Life Insurance Company</p> <p>Group: 00614587 Issuer: 008400 ID: 101133962 Name: Carl Clues PWP: None Selected No Referral Required</p> <p>RxBIN: 600428 RxCN: 05180000 RCP: 00614587 RMD: 101133962 02</p>	 <p>What does it mean?</p> <ul style="list-style-type: none"> PHYSICIAN - Subject to the applicable state or federal statute. DRUGS - Subject to the applicable state or federal statute. COPIES - Subject to the applicable state or federal statute. PHARMACEUTICALS - Subject to the applicable state or federal statute. URGENT CARE - Urgent Care EMERGENCY ROOM - Emergency room HOSPITAL OR HOSPITAL STAY - Hospital/hospital ICU - Intensive Care Unit ICU - Intensive Care Unit <p>What does it mean?</p> <p>You may be asked to present this card when you receive care. This card does not guarantee coverage. You must meet all the plan's terms and conditions for services to be covered. It is considered fraud if you knowingly provide false information. You must follow the INPATIENT ADMISSION AND OUTPATIENT PROCEDURES. Your health care professional must contact CIGNA to pre-approve these services. They can call the toll-free number listed below or go to GWHCIGNAforHCP.com for pre-approval. See your plan documents for pre-approval requirements. If these services are not pre-approved, your physician may not pay for them. In an emergency, get care immediately, then call your PCP as soon as possible for further assistance and advice on follow-up care within 48 hours. We encourage you to use a primary care physician as a valuable resource and personal health advocate.</p> <p>Send All Claims To: 1000 OneWorld One Planet, MO 63857-3749, Payer ID: #90705 Customer & Health Care Professionals call 1-866-494-2111 In Cases: Pharmacy Service Center, PO Box 3063, Sikeston, MO 63858-0306 For Pharmacists Only: 800-351-9170</p> <p>Issue Date: 06/21/11</p> <p>Mask 601</p>
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Change an Incorrect Address – Edit Member Information

At the 'Address is Incorrect' page, click the 'Member Administration' link to go to the 'Update Enrollment: Member Information' screen to update the member's address.

You will be presented with the 'Update Enrollment: Member Information' screen.

- Select 'Change in Member Information' from the Reason for Enrollment drop-down list.
- Enter the effective date of the change in the Request Effective Date field.
- Make the address change(s) and click the 'Next Step' button to continue.

Note: If the address change warrants an update in the member's benefit options, the 'Update Enrollment: Member Benefits' screen will appear next. Select new benefits and continue to click the 'Next Step' button until taken to the 'Update Enrollment: Enrollment Summary' screen.

Claim Inquiry

The Client Resources website allows plan administrators to make a claims inquiry for members and their dependents. This feature provides access to detailed claims information, including service date, claim type, amount billed/paid claim status and date the claim was processed.

Confidential information (e.g., health care professional name) is not presented in the Plan Administrator’s Claim View. Members can access their own detailed claim information by registering at myCigna.com

*Claim Inquiry is only available for groups with Funding type of Self Funded. Fully Insured groups will not see this link

Member / Claims Search

To make a member claims inquiry, you must first conduct a search to locate the member in the system. First, select which search method you would like to use – You may search by the primary member’s ID or SSN, or by name. After making your selection, enter search information in the corresponding form fields and press the ‘find member’ button.

Claim Inquiry

Member Lookup

To search and view a member’s claim, choose a member lookup option and enter corresponding information. For FSA or HRA debit card payment information, please view the FSA/HRA Paid Claims Report.

Search by primary member’s ID or Social Security Number
Field requires 9 numeric characters.

Member ID
 Social Security Number

Search by primary member’s last name and first name:

Last Name

First Name

FIND MEMBER

You will then be presented with the Search Claims screen, which includes the following search criteria: Member, Claim Details and Claim Date Range. Select the member/dependent whose claims you'd like to view, then use the drop-down menus to select the claim type, status and date range for your search. Click the 'Search Claims' button to continue.

Claim Inquiry

Member Lookup > Search Claims

Member: MARY ABBA (Member ID: 101127988)

Member	Claim Details	Claim Date Range
<input checked="" type="radio"/> All family members	Claim Type All	Sep 29 2009
<input type="radio"/> MARY ABBA (Member)		through
<input type="radio"/> JOE SMITH (Spouse)	Claim Status All	Mar 29 2011

View Member Claims

Following a successful claims search, you will be presented with the Claims Search Summary screen, which displays a list of the searched member's claims. The default view is sorted by service date. Clicking on any of the column headers will sort the list by the selected column's content.

You may view details of an individual claim by clicking on the service date. The Claim Detail page shows an expanded view of a claim, with information separated into 'General Claim Information,' 'Payment Details,' 'Payment Information,' 'Deductibles' and 'ERISA Rights.'

You may also 'scroll' one-by-one through all of the searched member's Claim Detail pages by using the 'Prev' and 'Next' links near the top of the screen.