

CIGNA Choice Fund Reimbursement Request Form - Frequently Asked Questions

FILLING OUT THE REIMBURSEMENT REQUEST FORM

- 1. How do I know what information is "required"?**
Required information is marked with an *.
- 2. I'm not sure what my account number is, needed in Box 10. How can I get it?**
Call Customer Service at 1.800.CIGNA24 (1.800.244.6224) or the number on the back of your CIGNA ID card.
- 3. I received services over more than one day, what date do I put in Box 13?**
Write the first date the service was received.
- 4. I have payment requests for more than one person, what do I do?**
Use a separate form for each person.
- 5. Who signs the form?**
The employee must sign and date the form in Box 19. Without the employee's signature, we can't pay you.

ALL ABOUT RECEIPTS

- 6. Must I include a receipt for each service or purchase?**
You must include a receipt or Explanation of Benefits, for each product or service you list in Box 16.
- 7. What information must the receipt include?**
 - **Date of Service** - The date you received the service or purchased the product.
 - **Type of Service or Purchase** - A detailed description of the service or product you paid for.
 - **Name of the Health Care Professional, Facility, or Store**
 - **Amount** - The dollar amount paid for the services or product.
- 8. May I send a photocopy of my receipt or Explanation of Benefits?**
Yes. Both originals and photocopies are acceptable, as long as they include the information listed in Question 7 above.
- 9. Are there guidelines I should follow when I prepare and send receipts?**
Please do the following:
 - Tape store receipts smaller than 8.5" x 11" to a blank sheet of paper, so we can scan it easily.
 - On the receipt, circle the expenses you list on the Reimbursement Form.
 - Do not use a highlighter: We can't see highlighter marks after we scan your receipt.

OVER-THE-COUNTER DRUGS AND MEDICINES THAT NEED A DOCTOR'S PRESCRIPTION

- 10. Are there new rules in 2011 due to Health Care Reform?**
Yes. For most over-the-counter drugs and medicines you buy on or after January 1, 2011, you must include **both** a doctor's prescription and a receipt. Without both, we can't pay you. Common items **that need a prescription** are listed below. For a complete list, go to myCIGNA.com.

• Acid Controllors	• Baby Rash Ointments/Creams	• Motion Sickness
• Allergy & Sinus	• Cold Sore Remedies	• Pain Relief
• Antibiotic Products	• Cough, Cold & Flu	• Respiratory Treatments
• Anti-Diarrheals	• Digestive Aids	• Sleep Aids & Sedatives
• Anti-Gas	• Feminine Anti-Fungal/Anti-Itch	• Stomach Remedies
• Anti-Itch and Insect Bite	• Hemorrhoidal Treatments	
• Anti-Parasitic Treatments	• Laxatives	Note: Insulin does not require a doctor's prescription.

SENDING YOUR REQUEST

- 11. Who will receive the payment?**
By using this form, the employee will receive the payment.
- 12. Should I save copies of my request?**
Yes. Keep copies of the form, receipts and all other documents you send us. You may need them for tax purposes.
- 13. Who can I contact if I have questions or need help filling out this form?**
Please call us at 1.800.CIGNA24 (1.800.244.6224) or the number on the back of your CIGNA ID card. We're here 24/7.

Fax the completed and signed Reimbursement Request form, with receipts and any other required documents to:
423-553-8953 OR Mail to: CIGNA, P.O. Box 182223, Chattanooga, TN 37422-7223

Please remember to sign this form before you send it in.

"CIGNA", "CIGNA Choice Fund", and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.