



# Cigna Global Health Benefits®

## FlexAssure Quote Request Form

The following is a list of requirements necessary for Cigna Global Health Benefits to provide our most competitive proposal.

Company Information			
Company Name:			
Company Address:			
Website:			
Company Contact:			
Email:		Telephone:	
Nature of Business:			
Industry Segment:			
Global Employee Headcount <i>(in accordance with the full-time employee counting method described by 26 U.S.C. § 4980H(c)(2):</i>			
Producer Information			
Company Name:		Commission (Standard-10%):	
Producer Name:		Telephone:	
Address:			
Email:			
Plan Information			
Who is the current carrier?			
What is the proposed effective date?			
Plan Design(s) requested			
<b>Medical</b>	<i>(For plan design details, see our <a href="#">brochure</a>)</i>		
<b>Plan Coinsurance Options</b>	CFA100 (100%/100%/80%)	CFA200 (100%/90%/70%)	CFA300 (90%/90%/70%)
	CFA400 (100%/80%/60%)	CFA500 (80%/80%/60%)	CFA600 (100%/100%/100%)
	CFA700 (100%/100%/80%)	CFA800 (90%/90%/70%)	CFA900 (100%/80%/60%)
	Physician Office Visit Copay	\$20	\$20
Emergency Services Copay	\$100	\$150	\$250
Urgent Care Services Copay	\$50	\$75	\$150
<b>Deductible</b>	<b>International</b>	<b>In-Network U.S.</b>	<b>Out of Network U.S.</b>
	Individual	Individual	Individual
	Family	Family	Family



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Out of Pocket Maximum	International	In-Network U.S.	Out of Network U.S.
	Individual	Individual	Individual
	Family	Family	Family
<b>Dental</b>	Option 1	Option 2	Option 2A
	Option 3	Option 3A	Option 4
	Option 4A	No coverage	
<b>Life and AD&amp;D</b>	\$25,000 Flat	\$50,000 Flat	\$100,000 Flat
	1x Earnings to \$200,000 Max	2x Earnings to \$400,000 Max	No coverage
<b>LTD</b>	90 day EP	180 day EP	No coverage
	60% up to \$5,000	66 2/3% up to \$10,000	
<b>Evacuation and Repatriation</b>	Yes	No	
<b>Mortal Remains (no Evacuation)</b>	Yes	No	
<b>International Employee Assistance Program (IEAP)</b>	Yes	No	

### Census Information

Census information should be submitted with the following details. Please download our census template [here](#) to assist with gathering the required information.

- Employee Date of Birth
- Employee Gender
- Family Tier (Employee Only, Employee & Spouse, Employee & Child(ren), Employee, Spouse & Child(ren))
- No. of Dependents (if available)
- Employee Citizenship
- Employee Work Location
- Annual Salary in USD (required for Life, AD&D, and/or LTD quotes only)
- Occupation (required for Life, AD&D, and/or LTD quotes only)
- U.S. Visa Type (required in Work Location is United States)
- U.S. Zip Code (required in Work Location is United States)

### Benefit Information

Please include incumbent plan details if available (current plan booklet, renewal rates and/or claims experience).

**Note:** The more information you can provide the better. Your sales contact can answer any questions about missing information. Claims experience is not necessary for all cases.

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