

# Cigna Supplemental Contracting Guide

## The Guide at a Glance

- 1** Request your contracts using the customized contract request link provided by your upline agency.

After you submit your contract requests, wait 24 business hours. Then:

- 2** Medicare Health Benefits will send you an email regarding the contracting process.  
You will receive an additional email with contracting links. Click these to move to Step #3.

After Step #2, you can immediately complete Step #3.  
This process can take up to an hour.

Using the link from Step #2, you can register your account and begin the contracting application process.

- 3** This process consists of 5 steps, including filling out your personal information, authorizing a background check, filling out your W-9 form, etc. Once your application is finished, you will click "**Submit to Company**".

Once you submit your contract, wait up to 2 weeks. Step #4 will occur.

Cigna will process your contract over the next several days. After everything is processed, you will receive a welcome email.

- 4** This welcome email will include your unique writing number, indicating that you are ready to sell!

# Cigna Supplemental Contracting Guide

*Continue reading the following pages for more details on the contracting process.*

After you request to contract through AC.com, you will receive an email from the Medicare Health Benefits Contracting Team with further information on contracting.

## Email Example

From: "AgentContract.com Contracting" [contracting@seniormarketadvisors.com](mailto:contracting@seniormarketadvisors.com)

Hello [Agent Name],

We are reaching out to you in regards to your request to contract with Cigna Supplemental.

You will receive a unique e-contracting link from [contracting@medicarehealthbenefits.com](mailto:contracting@medicarehealthbenefits.com) within 24-48 hours. Once the link is completed, Medicare Health Benefits will receive notification of completion and will submit the contract to the carrier. You will then receive a welcome email within 5-7 business days.

If you have any questions or concerns, please email us at [contracting@medicarehealthbenefits.com](mailto:contracting@medicarehealthbenefits.com).

Thank you for contracting with Medicare Health Benefits.

- Medicare Health Benefits Contracting Team.

You will also begin receiving contracting links specific to you for the carriers that you requested within 24-48 hrs. These links will be coming from a wide variety of email addresses, so please keep an eye out on your email.

## Email Example From: [contracting@medicarehealthbenefits.com](mailto:contracting@medicarehealthbenefits.com)

Jane Smith,

Medicare Health Benefits has sent this email to you to contract with the Cigna Supplemental Benefits family of companies on ExpressWay, the online agent contracting system. This allows you to complete your application to be contracted completely online and there is no paper to submit!

To begin your contract application, click the link below:

<https://agentexpressway.com/users/activate/59447/d5ec1453d2b49a36808c7e4b4d77b3d869ea7293>

If the above link is not active, simply copy and paste the entire link into your web browser.

If you have any questions, contact your recruiter listed above.

# Cigna Supplemental Contracting Guide

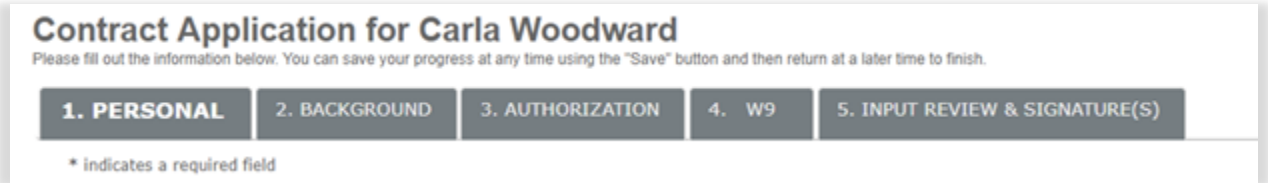
Click on the contracting link. Create a password and click “Submit”.

Note: The c... ent than the



The screenshot shows the Express Way Agent Contracting website. The header includes the logo and the text "AGENT CONTRACTING Apply Online!". The main content area displays a message: "Your account has been activated! Please setup a password for your account". Below this message are two input fields: "Password" and "Confirm Password", followed by a "Submit" button.

The contracting process consists of 5 parts:



The screenshot shows a progress bar for a "Contract Application for Carla Woodward". The progress bar consists of five steps: 1. PERSONAL, 2. BACKGROUND, 3. AUTHORIZATION, 4. W9, and 5. INPUT REVIEW & SIGNATURE(S). The first step, "1. PERSONAL", is highlighted in a darker shade, indicating it is the current step. Below the progress bar, there is a note: "\* indicates a required field".

1. Fill out the entire “Personal Information” screen and then click “Next”.

# Cigna Supplemental Contracting Guide

2. Complete the Background Information AND Errors and Omissions sections. Then click “Next”.

**BACKGROUND INFORMATION**

1. \* Are you or have you ever been appointed with Central Reserve Life Insurance Company, Continental General Insurance Company, Loyal American Life Insurance Company, Provident American Life & Health Insurance Company, and/or United Teacher Associates Insurance Company?  Yes  No
2. \* Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records)?  Yes  No
3. \* Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty?  Yes  No
4. \* Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding?  Yes  No
5. \* Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production?  Yes  No
6. \* Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage?  Yes  No
7. \* Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances or are there any outstanding judgments, liens or claims against you, including delinquent tax obligations?  Yes  No
8. \* Have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy?  Yes  No

**ERRORS AND OMISSIONS**

If you have E&O coverage, please provide us with the insurance company name and your policy number in the spaces provided below. If you would like to learn more about our sponsored group E&O insurance program please click the link below.

E&O Carrier Name:  E&O Policy Number:

You may apply through NAPA online at <http://www.napa-benefits.org/cigna>.

3. Read and sign the “Authorization to Conduct a Background Investigation” section and click “Next”.

**AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION**

For appointment purposes, I hereby authorize the Company to obtain a consumer report and/or investigative consumer report that includes information about my character, general reputation, credit worthiness, and personal traits. I hereby authorize all entities having information about me, including, but not limited to present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the Company or any of its affiliates. I agree that an electronic version, fax or photocopy of this authorization and release shall be as valid and binding as an original. I acknowledge receipt of the Fair Credit Reporting Act disclosure form included in this document.

**For Maine Applicants Only**

Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing the investigative report concerning you. You also have the right, under Maine law, to request and promptly receive all such agencies copies of any reports.

**For Washington Applicants Only**

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law. The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 541, Southampton, PA, 18966, telephone (800) 260-1680, [www.bigreport.com](http://www.bigreport.com).

**For California, Minnesota & Oklahoma Applicants Only**

Information Group, Inc. (B.I.G.), P.O. Box 541 Southampton, PA, 18966, Telephone (800) 260-1680, [www.bigreport.com](http://www.bigreport.com). If a consumer credit report is obtained, I understand that I am entitled to receive a copy.

I want a copy  (Initials)

I do not want a copy  (Initials)

If an investigative consumer report and/or consumer report is processed, I understand I am entitled to a copy.

I want a copy  (Initials)

I do not want a copy  (Initials)

4. Fill out the required W9 fields and sign. Then press “Next”.

# Cigna Supplemental Contracting Guide

\* Name:  Business Name:   
(as shown on your income tax return) (if different)

\* Type:  Individual / Sole proprietor  Corporation  
 Partnership  Limited liability company:    
 Other

\* Address:  \* City, state & ZIP:   
(number, street, and apt. or suite no.)

Account number(s):  Requestor's name and address:  Exempt payee?   
(optional) (optional)

\* Social security number:  OR Employer identification #:

**Signature of U.S. person**  
Question:  Answer:  Date:

5. Click on the links to open each document and click “Accept” to agree to the terms.

Review and verify that all information you have inputted is correct and continue to the Form Acceptance Section.

**FORM ACCEPTANCE**

Please click on the links below to open each document individually and the click "Accept" to agree to the terms contained therein.

<a href="#">Fair Credit Reporting: A summary of your rights.</a>	<input type="button" value="Accept"/>
<a href="#">Loyal GA Commission Schedule</a>	<input type="button" value="Accept"/>
<a href="#">CHLIC GA</a>	<input type="button" value="Accept"/>
<a href="#">ARLIC GA Commission Schedule</a>	<input type="button" value="Accept"/>
<a href="#">Associate Agreement 0516</a>	<input type="button" value="Accept"/>
<a href="#">Associate Agreement 0516</a>	<input type="button" value="Accept"/>
<a href="#">Associate Agreement 0516</a>	<input type="button" value="Accept"/>

# Cigna Supplemental Contracting Guide

Sign the document and then press “Submit to Company”.

Confirmation of individual soliciting appointment

Carla Woodward

Question:  Answer:  Date:

---

When you are ready to submit your contract application to your recruiter for their review and approval please click on the “Submit to Company” button below.

To save your application and return later to complete it please click on the “Save & Complete Later” button below.

**Note: You have the option to “Save & Complete Later”**

Once you have submitted the contract, Cigna will start processing the contract.

Once the contract is processed, you will receive a welcome email directly from Cigna, normally within 3-5 days.

The welcome email will include your unique writing number.

**Once you receive your writing number, you are Ready to Sell!**

**Note: It can take between 1-2 weeks to become appointed depending on the time of year.**