

Cigna Dental & Vision Enrollment / Change Form

Insured and/or Administered by Cigna
 Connecticut General Life Insurance Company
 Cigna Health and Life Insurance Company



Please print and thank you for providing this information

A	Cigna Account No. 3316064	Effective Date of Add/Change	Employer Name City of Springfield, Massachusetts	Employer Address 36 Court Street, Room #18 Springfield, MA 01103
	<input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Reinstatement <input type="checkbox"/> New Retiree	Type of Change <input type="checkbox"/> Add Dependent(s)* <input type="checkbox"/> Remove Dependent(s)* *List names in Section B	<input type="checkbox"/> Cancel Coverage	Branch Code <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIREE

B	Employee Name (<i>last</i>)			(<i>first</i>)			(<i>M.I.</i>)		Employee ID Number
	Employee Date of Birth	Home Phone	Work Phone	Home E-Mail Address					
	Address (<i>Street</i>)		(<i>City</i>)			(<i>State</i>)		(<i>Zip Code</i>)	
	Last Name	First Name	M.I.	SSN	Date of Birth	Gender	Coverage	Dental Prov. ID (DHMO Only)	
	Employee					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dental <input type="checkbox"/> Vision		
	Spouse (whom you wish to cover)					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dental <input type="checkbox"/> Vision		
	Dependent (whom you wish to cover)					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dental <input type="checkbox"/> Vision		
Dependent (whom you wish to cover)					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dental <input type="checkbox"/> Vision			
Dependent (whom you wish to cover)					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dental <input type="checkbox"/> Vision			

	Signature – The information provided above is true and correct to the best of my knowledge.
C	Employee's Signature/ Date