



### **PROVISIONS**

- The Cigna Dental PPO and Traditional plans are underwritten or administered by Cigna Health and Life Insurance Company, with network management services provided by Cigna Dental Health, Inc.
- I agree, for myself and my covered dependents, that, in the event any health services provided are the primary responsibility of any other party by way of other group health coverage or by the act or omission of another person, I will fully inform the health plan and will execute such assignments, liens or other documents which may be necessary to enable the health plan to recover the value of the services provided. I further agree that in the event I or any of my covered dependents collect benefits or damages from any other party who has primary responsibility for services provided by the health plan, I will immediately reimburse the health plan to the extent of services provided and to the extent permitted by state law, less a pro rata share of any court costs and attorney's fees incurred, which are applicable to the portion of the settlement returned to the insurance company.

### **FRAUD WARNING**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **AUTHORIZATION TO DEDUCT CONTRIBUTIONS**

I authorize deductions from my earnings of the required contributions, if any, toward the cost of the coverage. This authorization applies only if employee contributions are required.

### **SPECIAL PROVISIONS FOR EMPLOYERS WITH SECTION 125 PLANS**

By allowing an individual to enroll in the health plan, other than during the open enrollment period, Cigna Health and Life Insurance Company and its affiliates do not waive any terms of its contract. Further, by allowing an individual to enroll in the health plan, other than during an open enrollment period, Cigna Health and Life Insurance Company and its affiliates do not thereby express any opinion regarding the appropriateness of the change under Section 125 of the Internal Revenue Code or the terms of the employer's Section 125 Plan.

### **SPECIAL STATE PROVISION**

**Mid-Atlantic:** If you have any questions concerning the benefits and services that are provided by or excluded under this agreement, please contact a member services representative before signing this application or card. You or your representative are entitled to receive a copy of this form. A referral from the enrollee's Primary Care Physician is not required for medically necessary gynecological care received from a network gynecologist or certified nurse mid-wife, emergency, out-of-area urgent care, or out of network care received under the Point of Service option.

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