

**EVIDENCE OF INSURABILITY FORM**

a CIGNA Company (herein called the Insurance Company)

For info and customer service call 1-800-345-9458

- The applicant must sign and date this form.
- This form cannot be considered unless received within 30 days of the date it is dated.

Return completed form to in the envelope provided to  
 CIGNA Group Insurance  
 P.O. Box 203101  
 Lehigh Valley, PA 18003-9924  
 Fax: 800.440.0856



**Important:** Please enter all dates in mm/dd/yyyy format. Please print (preferably in black ink).

<b>EMPLOYER USE (MANDATORY DATA NEEDED): In order to process this application, the employer must complete this information.</b>				
<b>EMPLOYER</b>	Williamson County		<b>Policy</b>	FLX- 964517; FLX- 964518
<b>CLASS</b>	<b>LOCATION</b>	<b>DATE OF HIRE</b>	<b>ANNUAL SALARY</b>	<b>VERIFIED BY</b>
<b>REASON FOR REQUEST:</b> <input type="checkbox"/> NEW HIRE <input type="checkbox"/> INITIAL ENROLLMENT EVENT <input type="checkbox"/> ONGOING ENROLLMENT EVENT <input type="checkbox"/> LATE ENTRANT				
		<b>VOLUNTARY EMPLOYEE</b>	<b>VOLUNTARY SPOUSE</b>	
<b>NEW COVERAGE (TOTAL)</b>				
<b>CURRENT COVERAGE</b>				
<b>GUARANTEED COVERAGE PORTION OF REQUESTED INCREASE</b>				
<b>AMOUNT SUBJECT TO MEDICAL EVIDENCE</b>				

**EMPLOYEE SECTION**

Mr.  Mrs.  Ms. (Check One)

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Employee ID # \_\_\_\_\_ Sex:  M  F

In order to confirm your election, please provide your signature: \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETE IF ELECTING SPOUSE COVERAGE**

I am currently married and my date of marriage is \_\_\_\_\_

Spouse Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Sex:  M  F

**IMPORTANT**  
 Please complete each section that follows if it is needed.  
 Read the Agreements and Authorization. Sign and date the form in the space provided.

Complete the employee and spouse info in this section if you (i.e., the Employee) or your spouse are applying for Life Insurance that is greater than the guaranteed amount or are applying for Life Insurance more than 31 days after you were eligible for the insurance.

**Height and Weight Information**

Employee				Spouse			
Height	ft	in	Weight lbs	Height	ft	in	Weight lbs

**Please indicate your answers for each question in this section by checking the Yes or No box for the question.**

Within the last 5 years has the proposed insured been:

- diagnosed with any of the conditions shown below,
- told by a medical professional he/she has or may have any of the conditions shown below,
- or been treated by a medical professional for any of the conditions shown below?

	Employee		Spouse	
	Yes	No	Yes	No
A. A heart attack or stroke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Cancer (other than Nonmelanoma Skin Cancer), Hodgkin's disease, or Leukemia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Emphysema or Chronic Obstructive Pulmonary Disease (COPD)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. HIV infection or AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Diabetes, Hepatitis C or Cirrhosis of the liver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Alcohol or drug abuse or dependency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the last 5 years has the proposed insured had a Driving While Intoxicated (DWI) or a Driving Under the Influence (DUI) conviction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Caution:** Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

