

Direct Deposit Authorization Form



Connecticut General Life Insurance Company
 Cigna Health and Life Insurance Company
 Direct Deposit Unit, C3DDS
 900 Cottage Grove Road
 Hartford, CT 06152
 800.903.7711

Please read the instructions on the reverse side prior to completing this form.

PRODUCER NAME (Legal Entity)		TAX IDENTIFICATION NUMBER	PRODUCER CODE
PRODUCER'S BILLING ADDRESS <i>(Street, City, State, Zip Code)</i>			
PRODUCER'S EMAIL ADDRESS			
CONTACT NAME		BUSINESS TELEPHONE ()	
PLEASE INCLUDE A VOIDED CHECK OR SPECIFICATION SHEET AS REQUESTED IN THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION. NOTE: A DEPOSIT TICKET IS NOT ACCEPTABLE.			
Please Check One: <input type="checkbox"/> Cancellation <input type="checkbox"/> Enrollment <input type="checkbox"/> Change			
BANK ACCOUNT			
BANK ACCOUNT NUMBER		BANK ROUTING NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
BANK ACCOUNT NAME			
LISTED NUMBER REFERS TO: <i>(Please Check One)</i> <input type="checkbox"/> Business Checking Account <input type="checkbox"/> Business Savings Account <input type="checkbox"/> Other (personal acct., etc.)			
BANK NAME			
BANK ADDRESS <i>(Street, City, State, Zip Code)</i>			
Authorization is hereby granted to Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, HealthSpring Health and Life Insurance Company and their affiliates (collectively, "Cigna") to credit said account at the financial institution named above for the purpose of making commission payments. These Cigna companies are also granted authorization to correct inadvertent duplicate payment information. This authorization is to remain in effect until written notification is given to the application Cigna company in writing (at least ten (10) days in advance of any change) on a Direct Deposit Authorization Form.			
AUTHORIZED SIGNATURE			
PRINTED NAME AND TITLE			DATE

INSTRUCTIONS TO PRODUCER

Please read before completing the Authorization Form.

1. Use this form for enrollment, cancellation of a service, or a change. If changes are made to a Bank Account (e.g., financial institution or new account number), another application must be filed.
2. To ensure clear, legible copies, please type or print clearly all requested information.
3. **Producer Name:** Please use the full name of the Producer (firm or individual). This name must match the legal entity associated with the TIN (Tax Identification Number). Only one authorization form should be completed for each TIN.
4. **Tax Identification Number:** Please provide the 9-digit number associated with the legal entity firm or the Social Security number for an individual payee.
5. **Producer Code:** Cigna identification number located on the Cigna producer compensation statement (if available).
6. **Producer's Billing Address:** City, State and Zip Code.
7. **Contact Name:** Please provide the name of the individual who should be contacted if this form is incomplete or requires additional information.
8. **Telephone Number:** Please provide the telephone number of the Contact Person.

IMPORTANT INFORMATION:

9. A VOIDED CHECK FOR THE ACCOUNT(S) OR A MICR ENCODED SPECIFICATION SHEET (WHICH CAN BE OBTAINED FROM YOUR BANK) MUST BE INCLUDED WITH THIS AUTHORIZATION FORM. PLEASE NOTE: A DEPOSIT TICKET IS NOT ACCEPTABLE.
10. Funds can be electronically credited to any commercial account if the Financial Institution is a member of an Automated Clearing House (ACH). You can confirm this by contacting your Bank.
11. **BANK ACCOUNT INFORMATION:**

Bank Account Number - The account number to which Direct Deposits will be made. NOTE: Only one Bank Account number per TIN.

Bank Transit/Routing Number - The nine-digit number that identifies your Bank - usually found in the lower left corner of your check. Verify with your Bank.

Bank Account Name - Producer, Group or Business name associated with the Bank Account number.

Bank Name - Identify the full name of your Financial Institution (e.g. Your Bank, N.A.).

Address - the Street Address, City, State and Zip Code for our Bank. Please sign and date the form.

12. Please submit the completed Direct Deposit Form to one of the following addresses listed below:

Mail: Cigna
Direct Deposit Unit, C3DDS
900 Cottage Grove Road
Hartford, CT 06152-1328

Fax: 860-256-6752

or

Email: ProducerEFTSet-up@cigna.com

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