

## HOW WE USE YOUR INFORMATION

We will collect, use, store, and disclose your personal information, including sensitive information (in particular, information relating to your medical history and any medical treatment you may have or have had), in accordance with relevant data protection legislation. We collect and will use your personal information, including sensitive information, for the purpose of carrying out our obligations under this plan. We may share your information, including sensitive information, with other Cigna companies and authorised healthcare providers, where necessary to carry out our obligations under this plan. This statement also applies to personal information of any beneficiaries detailed on this application form. You have the right to request a copy of your personal information held by us, and beneficiaries under your policy have the right to request a copy of personal information we hold about them. We may charge a fee to provide this information.

## PATIENT'S DETAILS

**To be completed by the beneficiary or his/her legal representative**

1 Patient name			
2 Policy ID		3 Patient's date of birth	
4 Full mailing address of patient			
5 State nature of illness			
Email address		Tel no	
		Fax no	
6 Do you have any other health or travel insurance policy for which you may receive full or partial reimbursement for these expenses?			No
			Yes
If you have answered yes in section 6, please give details below:			
Full name		Policy number	
Address of insurance company			

## PAYMENT DETAILS

**To be completed by the beneficiary or his/her legal representative**

7 List of expenses for which reimbursement is claimed and amount		8 State to whom you wish settlement paid and currency		
Treatment	Date	Amount	Payment to	Currency
9 Select payment method			Cheque	Bank wire transfer
10 Should payment be sent to your bank account, please complete the following:				
Bank account no.		Bank name		
Sort Code		Name of account holder		
Swift Code*		IBAN*		
Bank branch address:				
11 I authorise the release of any medical information necessary to process this claim. To the best of my knowledge all the details given are true.				
I warrant and represent that I have each covered person's consent to disclose the personal information, including the sensitive personal information (e.g. medical information) contained in this form to you. I confirm that each covered person is aware of their duty to take reasonable care to answer questions accurately, honestly, completely and to the best of their knowledge.				
<b>(Please note that if you are declaring the above on another person's behalf, it is your obligation to keep evidence of the consent you are providing hereto of your covered family members' actual declarations and consents.)</b>				
Signature of insured person (or Legal Representative):				
Date				

# THIS SECTION TO BE COMPLETED BY THE DENTIST

PREVENTATIVE TREATMENT				
CODE	TREATMENT	NO OF UNITS	DATE OF TREATMENT	CHARGE TO PATIENT
<b>EXAMINATIONS</b>				
A01	Normal			
A11	Extensive			
A21	Full case assessment			
<b>X-RAYS</b>				
B01	Bitewing			
B02	Intra oral			
B03	O.P.G.			
<b>SCALING AND POLISHING</b>				
E01	One visit			
D01	Fissure sealants			
D11	Topical fluoride application			
MOU	Occlusal splint			
<b>MINOR TREATMENT</b>				
<b>FILLINGS</b>				
G01	Amalgam - one surface			
G02	Amalgam - two surfaces			
G03	Amalgam - three+ surfaces			
G21	Composite - one surface			
G22	Composite - two surfaces			
G31	Additional charge use of pin			
<b>ROOT CANAL TREATMENT</b>				
H01	Upper and lower anterior (1 root)			
H02	Upper premolar (2 roots)			
H03	Lower premolar (1 root)			
H04	Molars (3+ roots)			
<b>EXTRACTIONS</b>				
L01	Single			
L02	Per additional tooth			
N11	Post-operative care			

MAJOR TREATMENT				
CODE	TREATMENT	NO OF UNITS	DATE OF TREATMENT	CHARGE TO PATIENT
<b>PERIODONTAL TREATMENT (NON-SURGICAL)</b>				
E21	Prolonged (curettage/root planing)			
F51	Splinting			
<b>PERIODONTAL TREATMENT (SURGICAL)</b>				
F01	Gingivectomy			
F11	Mucoperio, flap bone surgery			
<b>DENTURES - METAL/ACRYLIC</b>				
R63	Additional tooth			
R61	Addition of clasp			
K71	Denture repair			
<b>CROWNS/BRIDGES</b>				
J01	Veneers (per tooth)			
K32	Adhesive bridges			
K41	Conventional bridgework			
K12	Standard post and core			
K11	Gold post and core			
K07	Bonded precious crown			
K05	Bonded non-precious crown			
K08	Full cast crown			
K06	Porcelain crown			
<b>INLAYS</b>				
K02	Precious			
K01	Non-precious			
K03	Porcelain			
<b>TOTAL</b>				<input type="text"/>
I confirm that the treatment has been/will be carried out and I hereby declare that all treatment as stated is being submitted for approval/has been completed.				
Dentist's signature:		<input type="text"/>		
Date:		<input type="text"/>		
Dentist's stamp:		<input type="text"/>		

**Please return your fully completed form along with the original receipt/invoices to:**

Treatment incurred outside the USA send to:

Cigna Global Health Options  
1 Knowe Road  
Greenock  
PA15 4RJ  
Scotland

Tel: +44 (0) 1475 788182  
Fax: +44 (0) 1475 492113  
Email: cignaglobal\_customer.care@cigna.com

Treatment incurred inside the USA send to:

Cigna International  
PO Box 15964  
Wilmington, Delaware 19850  
United States of America

Tel: +44 (0) 1475 788182  
Fax: 855 358 6457  
Email: cignaglobal\_customer.care@cigna.com

**FRAUD NOTICE:** Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing deliberately false information, commits a fraudulent insurance act, which is a crime.

We will not deal with any claims which we believe to be fraudulent. Committing fraud may result in your policy being terminated, or we will investigate any claims which we believe to be fraudulent.

Your relevant Cigna contracting entity from those listed below will be detailed in you Policy Rules and Certificate of insurance.

- a) Cigna Life Insurance Company of Europe S.A.-N.V.; or
- b) Cigna Global Insurance Company Limited; or
- c) Cigna Worldwide General Insurance Company Limited; or
- d) Cigna Europe Insurance Company S.A.-N.V.