

Wire Request Form

Mailing Address: P.O. Box 15050
Wilmington, DE 19850, USA

Fax: (800) 243.6998
(outside the USA, via ATT + Access)
(302) 797.3150 (inside the USA)

Thank you for the interest that you have expressed in using the Wire Transfer method for reimbursement of your medical expenses. In order for us to be able to successfully provide this service to you, please provide us with the information that we have requested below. **Please return the completed form to us by fax at 302.797.3150 or toll free 800.243.6998 or by mail to: P.O. Box 15050, Wilmington, DE 19850.**

Member Name:

Member ID Number (as it appears on your Cigna Global Health Benefit ID card):

Beneficiary's Name(s) (exactly as it appears on the account):

Surname/Last

First Name(s)

Middle Initial (if reflected on your account)

Beneficiary's Address:

Beneficiary's Phone Number:

Country code area code telephone number

Bank account number:

Swift (BIC) Code:

Account Currency:

Bank Name:

Bank Address:

Bank Sort Code (6 digit code is required for transfers into the U.K. only):

RUT # (required for Chilean Accounts similar to a U.S. Social Security Number):

Social Security # (required for transfers into the Czech Republic Only):

Should you have specific questions, regarding what **YOUR** bank needs in order to receive a wire transfer from Cigna Global Health Benefits, please contact your bank directly.

Please note your bank may assess a fee for the receipt of a wire transfer which is not a reimbursable expense under this plan.

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