



Dear Elevanta Health Member:

Enclosed you will find a medical questionnaire for your Supplemental Life coverage. Please complete this form if you are requesting this product as a recent add and did not choose to add the benefit during the previous open enrollment period, or during initial enrollment into the health program. Also, any employee that is requesting more than the guaranteed amount of \$50,000 in coverage for themselves, or over the guaranteed \$10,000 on a dependent must complete these documents and fax to 866-632-9373 or mail them back to:

Elevanta Health
1701 Barrett Lakes Boulevard, Suite
180 Kennesaw, GA 30144

If you have any questions, please contact the Elevanta Health Service Center.

Thank you,
The Elevanta Health Service Team
Phone: 866-696-3225
Fax: 866-632-9373

Important Information:

- Please do not begin payroll deductions for any coverage that's pending medical underwriting. We will send notification once the application has been approved or closed.
- Coverage will not be added until approval has been received from CIGNA Life. At which time coverage will be added for the month that the approval is received.
- Employees that are being medically reviewed may be pending for as long as 60-90 days
- If you are requesting this product as a recent add for yourself, a spouse, or dependent and did not choose to add the benefit during the previous open enrollment period when you were originally offered.
- If you have requested more than \$50,000 in Supplemental Life coverage for yourself you must complete this form in its entirety to request the additional coverage over the guaranteed issue amount.
- If you are requesting more than \$10,000 in Supplemental Life coverage for your spouse, you **must** make sure his/her name is listed under the section that states "Complete if electing spouse coverage".
- Make sure that **ALL** applicants date of birth, height and weight are listed.
- Please remember the Medical Questionnaire is for yourself and any dependent you've requested coverage for. The questions asked on the questionnaire apply to any dependent listed on your application.

- If you answer yes to any of the questions listed, there is a section at the bottom of the form in which you will need to provide details.
- CIGNA may request that the employee or family member get an Attending Physicians Statement (APS) and/or the Paramedical exam
- CIGNA will send a letter to that employee explaining that he/she needs to take the APS to their doctor for completion and schedule their exam with the Paramedical Company
- Once they receive all of the necessary information, their standard turnaround time is 10 business days
- Your signature is required on page 3.

Medical Questionnaire must be completed in its entirety.