

Cigna Contracting



First you will receive an email with a link to complete contracting

Dear Laura Denny,

Welcome to Cigna Producer Onboarding. Our Producer Express application will guide you through your credentialing process for Cigna.

Click on the link below to begin the credentialing process. This link will take you to Producer Express. You will then click the "Get My Password" button to obtain authorization for entry to your secure appointment package. The password will be e-mailed to you separately.

<https://px.sircon.com/getPassword.do?id=6423159&subscriberId=11788&userId=728628>

If you have any questions, please contact customer support at 1-800-903-7711.

Sincerely,

Cigna Licensing and Appointment Unit

"Cigna" and the "Tree of Life" logo are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries, including Connecticut General Life Insurance Company, and not by Cigna Corporation.

Producer Express

- When you click on the link click on “Need a Password”
- An email will be sent to Agent Licensing with the password
- Agent licensing will forward along the email with the password.
- Go back to the original link and enter in your password – you will be prompted to now create your own password

Example Password Email

Dear Laura Denny,

Your request to access Producer Express has been received and approved. Your password to access the web site and begin the credentialing process with Cigna is:

msXOVG5T

If you have any questions, please contact customer support at 1-800-903-7711.

Sincerely,

Cigna Licensing and Appointment Unit

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Instructions Window

- An instructions window will pop up. Please note:
- **Please do not use the Back and Forward buttons of your browser, as they will not work. Use the navigational buttons within this application instead (i.e. Start Over).**
- Once you are ready to begin select “Start” at the bottom of the page
- Read and Agree to the “Agent Agreement”.

Interview Questions

- For the interview questions use your personal information except for the following questions:
- Email: Agentlicensing@amerilife.com
- Phone number: 727-726-0726
- EIN – request from Admin
- Company Name-include your corp Name (i.e. Amerilife and Health Services of Charlotte County).
- Resident Address/Company Address/and Commission Address – Include the company address (2650 McCormick Dr Clearwater, FL 33759)

✓ Birth Date (MM-DD-YYYY)

10-27-1985



Mobile Phone

✓ Business Phone

(727) 726-0726

Business Fax

✓ E-mail

agentlicensing@amerilife.com

National Producer #

Commissions should be paid to:

✿ EIN

✓ Company Name

AMLH of Clearwater

Resident Address

✓ Line One

2650 McCormick Dr

Line Two

✓ City

Clearwater

✓ State

Florida



✓ Postal Code

33759

County

Pinellas

Business Address

✓ Line One

2650 McCormick Dr

Line Two

✓ City

Clearwater

✓ State

Florida



✓ Postal Code

33752

County

Commission Mailing Address

To copy business address, check this box (after completing business address)

☐

✓ Line One

2650 McCormick Dr

Line Two

✓ City

Clearwater

✓ State

Florida



✓ Postal Code

33752

County

Back

Continue

Requested Appointment States

FL - Florida

Back

Continue

New Business in Hand States

FL - Florida

Back

Continue

Florida Specific Information

The Producer is a Florida Resident

✓ Please select the resident county only


Pinellas ▼

Back


Continue

Interview Questions


Background Information

 1. Have you ever been convicted of, pled guilty to or declined to defend yourself against, a felony or misdemeanor of any kind?


☐ No ☐ Yes

 2. Have you ever been involved in a bankruptcy (personal or otherwise), had a salary garnished or had liens or judgments against you?


☐ No ☐ Yes

 3. Has any federal or state regulatory agency ever found you to have been involved in a violation of federal or state regulations or laws?


☐ No ☐ Yes

 4. Has any federal or state regulatory agency ever refused, denied, suspended or revoked your registration or license or disciplined you by restricting your activities?


☐ No ☐ Yes

 5. Has a bonding company denied, paid out on, or revoked a bond for you?

☐ No ☐ Yes

 6. Have you ever been convicted of any criminal felony involving allegations of fraud, dishonesty, embezzlement, misappropriation or conversion of funds, or a breach of trust?

☐ No ☐ Yes

 7. Have others under your control ever been convicted of any criminal felony involving dishonesty or a breach of trust?

☐ No ☐ Yes

Back

Continue

The documents are now ready for your review. Each document will be displayed on the screen with the data you have provided. If you believe the document is in good order, click the "Sign This Form" button to provide an eSignature. The eSignature will lock the document and prevent any further changes during the home office review.

What is an eSignature? ([click for more...](#))

If you find an error on any of the forms, click the "Start Over" button above to return to the beginning of the data collection process. You will not lose any data that you have entered.

Name	Document Status
Acknowledgement Form	Signatures required (0 of 1)
Producer Appointment Application	Signatures required (0 of 1)

I understand and consent to use of an electronic record to effectuate and document my relationship with Cigna (referred to as the "Company"). I acknowledge that by affixing my electronic signature to each document that I have read and understand the entire contract package. By my electronic signature below, I agree to and accept the terms of each and specifically acknowledge that said terms govern and control my relationship with the Company.

I represent that the personal information I have provided herein to the Company is complete, true and correct. I understand and agree that in making this application for contract, I authorize the Company to conduct or cause to be conducted a background investigation whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This investigation, if made, may include information as to my character, personal habits and general reputation. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made.



ACKNOWLEDGEMENT OF CONTRACTUAL OBLIGATIONS

Date: 11-21-2013

Writing Individual: Laura Denny

Contracting Agency for Writing Individual: AMLH of Clearwater

By my signature below, I acknowledge and agree that:

I agree to comply with all the terms and conditions contained in the Producer Agreement entered into between my agency (listed above) and Connecticut General Life Insurance Company and its affiliates.

Click to Sign

11-21-2013

Send Request

You are almost finished.

If you are sure that all information is correct and complete, then press the "Send Now" button to complete your portion of the contracting process and send the request to Cigna.

Please do not use the Back and Forward buttons of your browser, as they will not work. Use the navigational buttons within this application instead (i.e. Start Over).

Send Now

Almost Finished

- Once you submit the application send a copy of your Marketplace certifications and FFM user ID to agentlicensing@amerilife.com.
- Within one week agents should receive their welcome letter with their producer code.