



FORMS

- [Authorization to Release Information](#) – Complete and return this form if you want to give us permission to give information or records about you to another person.
- [Student COB Questionnaire](#) – When requested, submit this form with information about other insurance coverage for you and/or your dependents.
- [Student Detail of Incident Questionnaire](#) – When requested, submit this form with information about an injury you have in order to process a medical claim.
- [Prior Authorization Request Form for Medical Procedures](#) – Providers should complete this form when seeking prior authorization for medical procedures.
- [Student Claim Form](#) – When requested, submit this form with information about your illness or injury. Check your plan brochure for claim form requirements.
- [Athletic Injury Claim Form](#) – Submit this sports claim form within 20 days from the date of your sports injury (or as soon as reasonably possible).
- [Cigna Prescription Drug Claim Form](#) – Use this Cigna claim form if you paid for your prescription and need to be reimbursed.
- [Federal W9 Form](#)

RESOURCES

- [Cigna Preferred Drug List – effective 7/1/19](#)
- [Cigna Preferred Drug List – effective 1/1/19](#)
- [Cigna Pharmacy Directory](#)
- [Cigna PBM Online PA Request](#)
- [Online Precertification – Cigna for Health Care Professionals](#) – Refer to the applicable Benefits Brochure to identify services requiring precertification.
- [NeedyMeds](#) – An online information resource of programs that provide assistance to people whom are unable to afford their medications and health care costs.
- [Women's Health & Cancer Rights Act](#) – Learn more about WHCRA.
- [HealthCare.gov](#) – Learn more about the new health care law.
- [Preventive Care](#) – Learn more about what's covered for preventive care under the Affordable Care Act.