DENTAL EMPLOYER PROPOSAL FORM

Please make sure you complete all relevant sections of this form.

SUPPORT AND CONTACT DETAILS

If you need any help with the completion of this form or have any questions on your cover options please contact our Commercial Business Centre on 01475 788779 or email cbc@cigna.com.

COMPANY DETAILS

Company name:			
Type of business (or SIC code if known):		Total number of employees in company:	
Business address:			
		Postcode:	
Registered address (if different):			
		Postcode:	
Name(s) and address(es) of any subsidiary and associated employers (if to be included in this plan)			
Subsidiary company name:			
Business address:			
		Postcode:	
Who should information about the scheme be sent to?			
Name:		Name:	
Position:		Position:	
Telephone Number:		Telephone Number:	
Email:		Email:	

SCHEME MANAGEMENT DETAILS

What date would you like the scheme to start on?
We can only incept groups from the 1st of a month. Renewal date will be 12 months from the start date.

D	D	M	M	Y	Y	Y	Y

How many employees are being covered?								

How will this benefit be funded? (please select one option)					
Company paid:		Flexible Benefits:		Voluntary:	
Employer covers all of the benefit cost and pays Cigna direct.		**Traditional flex**		**Individual direct debit**	
		Employer covers some or all of the benefit cost and pays Cigna direct.		Employee pays Cigna direct by individual direct debit.	
All staff		**Salary sacrifice**			
Specific grades of staff		Employer deducts the benefit cost from employees' salary and pays Cigna direct.			
Please provide details		Target audience size		Target audience size	
Dependent on the length of service					
Please provide details					
Other					

Who is eligible for cover:			
Employee only		Employee and spouse	
Employee, spouse and all dependent children		Employee and all dependent children	

Payment method/frequency					
Monthly direct debit		Monthly BACS		Monthly cheque	
Quarterly direct debit		Annual BACS		Annual cheque	

Who should the invoice be sent to? (Electronic invoices are default. If you wish to receive hard copies please check the box. Company paid and Flex schemes only)					
Employer only		Employer & broker		Broker only	
Format (choose 1 option)					
Hard copy		Electronic (email notification)		Electronic (invoice download)	
Email address(es):					
All members have access to a member portal. Log in details are provided in the welcome communication.					

MEMBER LITERATURE

All members have access to a member portal. Log in details are provided in the welcome communication.				
Member communication preference*				
Email		Hardcopy		
Email address				
Please send employee email addresses to smallgroupadmin@cigna.com or post to Smyle administration team, Cigna Healthcare, 1 Knowe Road, Greenock, PA15 4RJ				

* Welcome communication will be sent by the method selected.

DENTAL PLAN DETAILS

What cover is being selected?

Please select from either the DentaCare or OralHealth range.

For split cover groups please tick each plan that applies and detail eligibility for each in the membership list.

If any bespoke benefits have been agreed please state what these are in the free text box.

DentaCare:	Level 1*		Level 2*		Level 3		Level 4		Channel Islands Level 4	

*Please note for Voluntary funded schemes only Level 1 and Level 2 are available

OralHealth:	Level 1		Level 2		Level 3		Level 4		Level 5	
Preventative treatment:			100%		75%					

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT (IF APPLICABLE)

DIRECT Debit

To: The Manager of (bank or building society name)	
Bank or building society address	
Postcode	
Name(s) of account holder(s)	
Branch sort code	
Bank or building society account number	
Service user number	**715316**
Reference number (for official use only)	

INSTRUCTION TO YOUR BANK OF BUILDING SOCIETY

Please pay Cigna European Services (UK) Limited Direct Debits from the account detailed in this Instruction subject to the safe-guards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Cigna European Services (UK) Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s)	Date

DIRECT DEBIT GUARANTEE

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit Cigna European Services (UK) Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Cigna European Services (UK) Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit, by Cigna European Services (UK) Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – If you receive a refund you are not entitled to, you must pay it back when Cigna European Services (UK) Limited asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Banks and building societies may not accept Direct Debit Instructions for some types of account.

DECLARATION

I/We confirm that the above statements are true and complete. I/We hereby propose to Cigna Life Insurance Company of Europe S.A.-N.V. for a Cigna Dental Plan to start on the Commencement Date and agree to abide by the terms of that policy and in particular to pay on the due dates the premiums required under the terms of the Policy.

Signature (on behalf of proposing employer)	Write name in BLOCK CAPITALS
Position in the company:	Date (D D M M Y Y Y Y)

FOR BROKER USE ONLY

Please let us know where scheme administrative documents/e-renewals/scheme commission should be sent

Company name:			
Company address:			
		Postcode:	
Telephone number:		Email:	
Agency reference:			

FOR INTERNAL USE ONLY

Date received by Cigna		Salesperson:	
Commission payable: Initial:		Renewal:	

Premiums (single rates excluding IPT)

DentaCare

DentaCare Level 1 £	DentaCare Level 2 £	DentaCare Level 3 £	DentaCare Level 4 £	Channel Islands £

OralHealth

OralHealth Level 1 £	OralHealth Level 2 £	OralHealth Level 3 £	OralHealth Level 4 £	OralHealth Level 5 £

Together, all the way.℠

Cigna®