

**Capital Insurance Agency, Inc.**

**"We're Here to Help You!"**

# **Open Enrollment - Long Term Disability**

## **Open Enrollment: September 1 – November 30, 2011**

The Alta Disability Income Protection Plan gives you the ability to protect your income – and your family's lifestyle – in the event you were unable to work due to a sickness or an accident. Benefits are payable up to 2 years for a sickness and up to 5 years for an accident.

All eligible employees may use this opportunity to enroll in the plan. If you are currently participating in this plan, you do not need to re-enroll. Your coverage will continue automatically.

The enrollment period may also be used to change your waiting period or to adjust coverage based on your current salary. Employees classified as SMS/SES may want to consider lengthening their waiting period due to the short-term disability coverage provided by the state for such employees.

**Call 1-800-780-3100 for more information...**

**To enroll**, simply complete the Enrollment Form found on the back of the brochure and mail it to:

Capital Insurance Agency, Inc.

P.O. Box 15949

Tallahassee, Florida 32317-5949

*Your effective date of coverage will be the 1st day following the end of the pay period in which the first deduction is made.  
(Deduction Code 0300)*

Underwritten by Life Insurance Company of North America (LINA), a CIGNA Company,  
(previously underwritten by Alta Health & Life Insurance Company)

To receive further information or to receive a benefits review from your Capital Insurance Representative, complete the following and fax this form to Capital's Home Office at 850-386-7116.

NAME \_\_\_\_\_ CITY \_\_\_\_\_

STATE AGENCY \_\_\_\_\_ WORK PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

# Disability Income Protection

*For Full-Time Employees  
of the State of Florida*



**How long can you go  
without a paycheck  
and still pay your bills?**

## Participating Departments and Agencies:

Agency for Health Care Administration  
Agency for Persons with Disabilities  
Department of Business & Professional Regulation  
Department of Children & Families  
Department of Corrections  
Department of Health  
Department of Juvenile Justice  
Department of Law Enforcement  
Department of Management Services  
Department of Veterans' Affairs  
Florida Fish & Wildlife Conservation Commission  
Southwood Shared Resource Center



**CAPITAL INSURANCE AGENCY, INC.**

*This Plan Marketed and Serviced By  
Capital Insurance Agency, Inc.*

**For Bi-Weekly Employees of the State of Florida**

The CIGNA Disability Income Protection Plan is a fully-insured disability policy that can help protect your income — and your family's lifestyle — in the event you are unable to work due to a covered accident or sickness.

This Plan is offered only to State of Florida employees and pays in addition to annual leave and sick leave benefits. It offers you the ability to choose a plan that fits your financial situation and is an important part of your employee benefits package. Review the chart on the facing page and determine the group that you are eligible for based on your salary, or you may select a lower group for a shorter elimination period and lower benefit amount.

## POLICY PROVISIONS

**Definition of Total Disability:** Total disability or totally disabled is defined by the insurance policy as a disability caused by an injury or sickness disabling a person to the extent the individual is unable to perform the material and substantial duties of his/her occupation for a period of two continuous years (after the elimination period), and after that, must be unable to perform the duties of any occupation.

**Pre-Existing Conditions:** If the Insured has received **medical treatment, consultations, diagnostic test(s) or taken prescribed medications three months prior** to the effective date of coverage, that condition will not be covered until the Insured has been insured for twelve (12) consecutive months.

**Effective Date of Coverage:** The effective date of coverage will be the day following the end of the pay period in which the first deduction is made. The proposed Insured must be actively at work on this day.

**Coordination of Benefits:** This Plan provides a **Basic Monthly Benefit** of **60%** of an Insured's Basic Monthly Earnings or the Maximum Monthly Benefit, whichever is less. The **Basic Monthly Benefit** integrates with and **shall be reduced by all amounts** payable, either periodically or in a lump sum, **from Social Security, PIP income, V.A. disability and retirement, or disability retirement benefits, or any other disability income, or retirement plans of the Insured's current employer or any prior employer.** Workers' Compensation claims, where benefits are being received for the same condition, are excluded from this coverage. This Plan does **not integrate with, but pays in addition to, sick leave, annual leave, and/or sick leave benefits.**

**Elimination Period:** The number of consecutive days of total disability before the Insured is eligible for benefits. Premium is due during the Elimination Period. Any premium payments not payroll deducted should be sent to Capital Insurance Agency, Inc., P.O. Box 15949, Tallahassee, Florida 32317 ATTN: Group Department.

**Waiver of Premium:** Once the Insured begins receiving the Monthly Disability Benefit, premium can be waived until the Insured returns to work or the payable Monthly Disability Benefit ends, whichever occurs first. To discontinue payroll deductions the Insured can send a cancellation request to the Personnel Office. Please note that upon returning to work the Insured will be responsible for restarting the premium payroll deduction (Code #0300) to ensure no break in coverage.

**Recurrent Disability:** A disability which is contributed to by the same cause(s) or is the result of the same cause(s) of a prior disability for which a monthly benefit was payable. (1) If during the Elimination Period of a Disability the Insured attempts to return to work, and works longer than two (2) weeks, a new Elimination Period is required. (2) After the payable Monthly Disability Benefit ends, if the same or related disability recurs within six (6) months of the Insured's return to work, no new Elimination Period is required. If the separation period is longer than six (6) months, a new Elimination Period will then apply.

**Limitations & Exclusions:** This Plan has a 24-month Mental and Nervous, and Alcoholism and Drug Addiction or Abuse Limitation. This Plan does not cover any loss caused by war or any act of war, or any loss suffered while in the active military service, or any disability resulting from self-inflicted injury or Workers' Compensation. (Also, refer to Pre-existing Conditions).

**Group Changes:** Any employee eligible for groups 3 or 4 may choose a lower group when enrolling or may downgrade coverage during the open enrollment period. Any upgrade in coverage (increasing group) is made by completing a new application and a Health Statement or during the annual open enrollment period. Any Insured who becomes eligible for a higher/lower group due to a change in salary or SES/SMS status may upgrade/downgrade within 60 days of that event with a new application or during the open enrollment. All enrollments and changes require the employee/Insured to be actively at work on the effective date.

**When Coverage Ends:** An insured's coverage will end on the earliest of the following dates: the date an Insured terminates employment or transfers to a non-participating state agency; the day after the end of the period for which premiums are paid; the date the Policy is terminated; the date benefits end for failure to comply with the terms and conditions of the Policy. The Employer or the Insurance Company may cancel the policy as of any Premium Due Date by giving 45 days advance written notice.

*This brochure is for illustration purposes only. Refer to your group certificate upon enrolling for complete details, limitations and exclusions.*

If your income is necessary, **DISABILITY INCOME PROTECTION IS ESSENTIAL.**

**\*BENEFIT PERIOD:**

**Sickness, Up to 2 Years**

**Accident, Up to 5 Years**

| <b>Group II:</b><br>Salary Range<br>Up to \$24,999                               |                 | <b>Group III:</b><br>Salary Range<br>\$25,000 - \$29,999 |                 | <b>Group IV:</b><br>Salary Range:<br>\$30,000 and Above |                 | <b>Group V:</b><br>Eligibility: Any state employee currently covered under <b>State Statutes 110.205 (Select Exempt; Senior Management) or elected officials;</b> or similar classification or designations made by individual agencies and/or otherwise eligible for the state sponsored disability income and life insurance programs. |                 |
|--|-----------------|--|-----------------|---|-----------------|--|-----------------|
| 60% of Basic Salary up to: \$800 Monthly Benefit †                               |                 | 60% of Basic Salary up to: \$1200 Monthly Benefit †      |                 | 60% of Basic Salary up to: \$2000 Monthly Benefit †     |                 | 60% of Basic Salary up to: \$3000 Monthly Benefit †  |                 |
| <b>15-DAY ELIMINATION • SICKNESS</b>   |                 | <b>60-DAY ELIMINATION • SICKNESS</b>                     |                 | <b>75-DAY ELIMINATION • SICKNESS</b>                    |                 | <b>ONE YEAR ELIMINATION</b>  |                 |
| <b>7-DAY ELIMINATION • ACCIDENT</b>  |                 | <b>30-DAY ELIMINATION • ACCIDENT</b>                     |                 | <b>45-DAY ELIMINATION • ACCIDENT</b>                    |                 |  |                 |
| Age  | Bi-Weekly Rates | Age  | Bi-Weekly Rates | Age   | Bi-Weekly Rates | Age  | Bi-Weekly Rates |
| Under 30   | \$4.95          | Under 30   | \$4.35          | Under 30  | \$5.20          | Under 30   | \$0.75          |
| 30 – 34  | \$5.50          | 30 – 34  | \$5.40          | 30 – 34   | \$6.30          | 30 – 34  | \$1.00          |
| 35 – 39  | \$6.20          | 35 – 39  | \$7.00          | 35 – 39   | \$8.20          | 35 – 39  | \$1.50          |
| 40 – 44  | \$7.40          | 40 – 44  | \$7.75          | 40 – 44   | \$9.05          | 40 – 44  | \$2.50          |
| 45 – 49  | \$9.30          | 45 – 49  | \$9.20          | 45 – 49   | \$10.70         | 45 – 49  | \$3.80          |
| 50 – 54  | \$11.10         | 50 – 54  | \$11.80         | 50 – 54   | \$13.80         | 50 – 54  | \$6.05          |
| 55 – 59  | \$13.40         | 55 – 59  | \$14.50         | 55 – 59   | \$17.00         | 55 – 59  | \$8.00          |
| 60 – 69*   | \$18.50         | 60 – 69*   | \$17.30         | 60 – 69*  | \$20.00         | 60 – 69*   | \$12.00         |
| Premium changes will occur on five year birthdays between the ages of 30 and 60. |                 |  |                 |   |                 |  |                 |

† Monthly benefits are integrated with SS, PIP and other employer-sponsored plans.

**\* Payout Benefit Periods for Certain Ages**

| Age at Disability | “Your Occupation”<br>Accident or Sickness<br>Benefit Period | “Any Occupation” for<br>Accident Only Benefit<br>Period | Total Benefit Period<br>Sickness / Accident |
|-------------------|---|---|---|
| 61 or younger     | 24 months   | 36 months   | 24 months / 60 months**                     |
| 62                | 24 months   | 18 months   | 24 months / 42 months                       |
| 63                | 24 months   | 12 months   | 24 months / 36 months                       |
| 64                | 24 months   | 6 months  | 24 months / 30 months                       |
| 65                | 24 months   | N/A   | 24 months / 24 months                       |
| 66                | 21 months   | N/A   | 21 months / 21 months                       |
| 67                | 18 months   | N/A   | 18 months / 18 months                       |
| 68                | 15 months   | N/A   | 15 months / 15 months                       |
| 69 or older       | 12 months   | N/A   | 12 months / 12 months                       |

\*\*5 years or to age 65. Whichever occurs first.

## HOW TO ENROLL

Eligible employees\* can enroll:

- Within the first 60 days of employment (as a new hire with the State or upon transferring to a participating agency).
- During an annual open enrollment period.
- By submitting a Statement of Health together with the application to CIGNA for approval.

Send the completed application to:

**Capital Insurance Agency, Inc.**  
**P.O. Box 15949**  
**Tallahassee, Florida 32317-5949**

The deduction will be made on Miscellaneous Deduction Code **#0300**.

Contact your Capital Insurance Agency, Inc. representative for additional information or assistance in enrolling.

\*All active, permanent employees under age 70 who work 30+ hours per week in a participating State of Florida agency.

## HOW TO FILE A CLAIM

Obtain a claim form from your local Capital Insurance Agency office. Complete all parts of the claim form. Your attending physician and employer must complete the form to certify your disability.

Mail the claim form to:

**CIGNA Group Disability Dept.**  
**P.O. Box 22328**  
**Pittsburgh, PA 15222-0328**

Claim status inquiries should be directed to CIGNA at **1.800.888.5256**.

Plan Underwritten by:

Life Insurance Company of North America (LINA), a CIGNA Company  
 (previously underwritten by Alta Health & Life Insurance Company)  
 Administrative Office: Jacksonville, FL

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## CAPITAL INSURANCE AGENCY, INC.

"We're Here To Help You!"

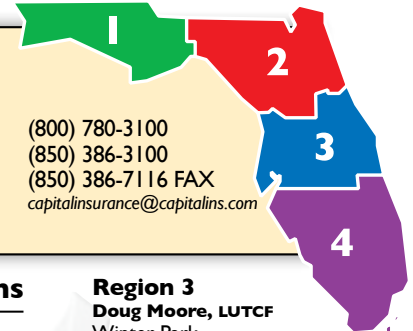
Contact the Capital Insurance Agency Regional Office in your area for assistance.

### Home Office

1425 E. Piedmont Dr.  
 Suite 301  
 Tallahassee, FL 32308

P.O. Box 15949  
 Tallahassee, FL  
 32317-5949

(800) 780-3100  
 (850) 386-3100  
 (850) 386-7116 FAX  
 capitalinsurance@capitalins.com



### Regional Locations

#### Region 1

**Robert W. 'Buck' Miller, LUTCF, CLU**  
 Tallahassee  
 (850) 671-2029  
 (800) 226-9808  
 (850) 671-2149 fax  
 northwestregion@capitalins.com

#### Region 2

**David L. Corbin, LUTCF, CLF**  
 Tallahassee  
 (850) 942-2323  
 (800) 881-1871  
 (850) 942-2360 fax  
 northeastregion@capitalins.com  
 Jacksonville  
 (904) 731-9800  
 (800) 940-9800  
 (904) 731-4293 fax  
 northeastregionjax@capitalins.com

#### Region 3

**Doug Moore, LUTCF**  
 Winter Park  
 (407) 673-1254  
 (800) 416-1618  
 (407) 673-1255 fax  
 centralregion@capitalins.com

Tampa  
 (813) 839-8800  
 (800) 940-2048  
 (813) 839-8860 fax  
 southcentralregion@capitalins.com

#### Region 4

**Mariam Spaulding, LUTCF**  
 Coral Springs  
 (954) 341-8705  
 (800) 940-5656  
 (954) 341-5311 fax  
 southflregion@capitalins.com

[www.capitalins.com](http://www.capitalins.com)

Rev. 7/11, #848438



### VOLUNTARY LONG TERM DISABILITY ENROLLMENT FORM

Group Name **STATE OF FLORIDA**

**GRAY BOXES ARE FOR OFFICE USE ONLY:**

Application #

Insurance Effective Date  
 Month/Day/Year

Deduction Code  
**300**  
 Action Processed  
 Date/Initial

**Caution:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

|  |                             |                      |   |
|--|-----------------------------|----------------------|---|
| 1. Employee ID#                                  | 2. Social Security Number   | 3. Agency and County |   |
| 4. Employee's Name<br>Last                       | First                       | Middle Initial       |   |
| 5. Mailing Address<br>Street                     | City                        | State                | Zip   |
| 6. Home Phone Number<br>( )                      | 7. Work Phone Number<br>( ) | 8. Date of Birth     | 9. Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| 10. Employment Address (work location)<br>Street | City                        | Zip                  | 11. Full-Time Employment Date   |
|  |                             |                      | 12. Hours Worked Weekly   |

|   |                         |                            |   |   |   |   |                         |
|---|-------------------------|----------------------------|---|---|---|---|-------------------------|
| 13. Do you have any other sources of income? <input type="checkbox"/> YES <input type="checkbox"/> NO | 14. Annual Salary<br>\$ | 15. Group Coverage Desired |   |   |   | 16. <input type="checkbox"/> New Enrollee<br><input type="checkbox"/> Upgrade/Downgrade | 17. Occupation or Title |
|   |                         | 2                          | 3 | 4 | 5 |   |                         |

**If you answered YES to Q.13 above, benefits will coordinate with all other sources of income and will reduce your CIGNA benefit amount.**

Dept./Div. Code  
 Pay Period of First Deduction

**NOTE:** Eligible class of employees - all active full-time employees of the sponsoring employer who are under age 70.

18. I hereby apply to Life Insurance Company of North America, a CIGNA Company, for Disability Salary Continuation Insurance. I understand that the Company may decline to accept this application if it is not completed during the enrollment periods predetermined by the Company and the Sponsoring Employer. I further understand that, if accepted, my coverage will take effect (if actively at work) on the day following the end of the payroll period in which the first payroll deduction is made. I also certify that I am an Employee of the Sponsoring Employer in an Eligible Class (as specified above), and authorize my Employer to deduct from my earnings an amount sufficient to pay the premium for this insurance. I hereby acknowledge that I have received the outline of coverage (brochure) describing insurance for which I am now applying.

Amount of Deduction  
 Dist No.

Payroll Deduction  
 Authorization

Licensed Resident Agent:  
 David M. Moore, CLU, ChFC, Chairman of the Board, Capital Insurance Agency, Inc. \_\_\_\_\_  
 Signature Date (07/11)

SEND THE COMPLETED APPLICATION TO: CAPITAL INSURANCE AGENCY, INC., P.O. BOX 15949 TALLAHASSEE, FL 32317-5949

# CIGNA's Will Preparation Program

*CIGNA makes it easy for you to take charge of those difficult life and health legal decisions. There are no more reasons to hesitate planning for the future with our online will preparation services. Available to individuals who have CIGNA's Group life, accident, or disability coverage.*

## Think you don't need a will or living will?

If you're like most people, you don't like thinking about planning for your death. However, there are many good reasons why it's very important to have a will no matter what your personal circumstances might be. For example, to have a say in your healthcare treatment if you're not able to speak for yourself, to assign guardianship for minor children, and to secure your assets.

## Think you don't have enough assets to need a will?

Nearly one in four (24%) of American adults say their biggest reason for not having a will is a lack of sufficient assets<sup>1</sup>. Not having a will puts your family in the position of having to guess about how to manage your personal and financial assets after your death.

## Think you can't afford to create a will?

Now you can! CIGNA's Will Center allows you to easily complete essential life and health legal documents online at no cost to you.

## Not sure how to develop your will?

Don't worry. CIGNA's Will Center is secure, easy to use, and available to you and your covered spouse seven days a week, 365 days a year. And, if you have any questions, phone representatives are available to assist you via a toll-free number<sup>2</sup>. Once registered on the site, you will have direct access to a Personal Estate Planning web page, where you can:

- create and maintain your personalized legal documents
- follow an intuitive, interactive question and answer process to create state-specific legal documents tailored to your situation
- preview, edit, download and print your legal documents for execution

## It's easy! Go to [CIGNAWillCenter.com](http://CIGNAWillCenter.com)

To access your Personal Estate Planning web page, simply complete the online form and register as a new user. When prompted for a registration code, provide your date of birth plus the last four digits of your Social Security number. Once this is completed you can immediately start building your will and other legal documents.

<sup>1</sup> National Association of Estate Planners and Councils. "Wills 101: Everything You Know But Don't Want to Think About." June 2006.

<sup>2</sup> No legal advice is provided.



**Now is the time to get started. Visit [CIGNAWillCenter.com](http://CIGNAWillCenter.com) to create your own personalized:**

**Last Will & Testament** – specifies what is to be done with your property when you die, names the executor of your estate and allows you to name a guardian for your minor children.

**Living Will** – contains your wishes regarding the use of extraordinary life support or other life-sustaining medical treatment.

**Healthcare Power of Attorney** – allows you to grant someone permission to make medical decisions if you are unable to make them yourself.

**Financial Power of Attorney** – allows you to grant someone permission to make financial decisions on your behalf if you are unable to make them yourself.

**Plus, find information on:**

- **Estate Planning**
- **Identity Theft Information Kit**
- **CIGNA's Life and Disability Planning Kits** – access insurance calculators to determine whether you and your family have sufficient coverage for the future.

*it's time to feel better*



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# Helping Combat Identity Theft

*You've heard about it in the news—you may even know someone who's been a victim. Identity theft is America's fastest growing crime, victimizing almost 11 million people a year.<sup>1</sup> It's a serious crime that occurs when an unauthorized person uses your personal information—your name, Social Security number, bank or credit account number(s), or driver's license number—for fraudulent use. It's also a silent crime—often taking a year or more to be discovered, and leaving victims with a cumbersome, time-intensive process to restore their credit records and good name. CIGNA's Identity Theft Program is available to individuals who have CIGNA's Group life, accident or disability coverage. This program provides resolution services to help you work through critical identity theft issues you may encounter.*

### Valuable help when you need it most

Our identity theft program provides:

- A review of credit information to determine if an identity theft has occurred
- An identity theft resolution kit and an identity theft affidavit for credit bureaus and creditors
- Help with reporting an identity theft to credit reporting agencies
- Assistance with placing a fraud alert on credit reports, and cancellation and replacement of lost or stolen credit cards
- Assistance with replacement of lost or stolen documents
- Access to free credit reports
- Education on how to identify and avoid identity theft
- \$1,000 cash advance to cover financial shortages if needed<sup>2</sup>
- Emergency message relay
- Help with emergency travel arrangements and translation services

### Services for every situation

No matter where or when you come under the attack of identity theft, CIGNA's services are there for you.

- We assist with credit card fraud, and financial or medical identity theft;
- We provide real-time, one-on-one assistance—24 hours a day, 365 days a year—in every country in the world;<sup>3</sup>
- You'll have unlimited access to our personal case managers until your problem is resolved;
- Our website offers helpful information to reduce your risk of identity theft before it happens.

If you suspect you might be a victim of identity theft, call us now at 1.888.226.4567. Our personal case managers are standing by to help you. Please indicate that you are a member of CIGNA's Identity Theft Program and Group #57.



## Safeguard yourself against identity theft

Here are some important tips to help you manage your personal information and minimize your risk of identity theft.

### Your wallet

- Carry only one or two credit cards in your wallet.
- Carry only the identification information that you actually need.
- Do not carry your Social Security card in your wallet; leave it in a secure place.
- If your purse or wallet is stolen, immediately report it to the police.

### Your bank statement

- Review your bank and credit card statements monthly for signs of suspicious activity.
- If your statement is late by more than a couple of days, call your credit card company or bank to confirm your billing address and account balances.

### Your credit report

- Check your credit reports from the three major credit bureaus—Equifax®, Experian® and TransUnion®—annually and correct any inaccuracies. You can do this at [www.annualcreditreport.com](http://www.annualcreditreport.com).

### Your credit cards

- Do not hand over your debit or credit cards to anyone.
- Cancel all unused credit card accounts.

### Your Social Security number

- Give your Social Security number only when absolutely necessary, and before providing, ask to use other types of identifiers.
- Remove your Social Security number from any identification you carry in your wallet.

### Your mail

- Deposit your outgoing mail in post office collection boxes or at your local post office, rather than in an unsecured mailbox.
- Promptly remove mail from your mailbox.

### Your trash

- Tear or shred your charge receipts, copies of credit applications, insurance forms, physician statements, checks and bank statements, expired charge cards that you're discarding and credit offers you get in the mail.

### Your workplace

- Secure personal information in your workplace.
- Keep your purse or wallet in a safe place at work; do the same with sensitive personal information such as your paycheck.

### Your home

- Secure personal information in your home, especially if you have roommates, employ outside help or are having work done in your home.

### Your computer

- Do not keep computers online when not in use. Either shut them off or physically disconnect them from an internet connection.
- Use antivirus software and a firewall.
- Be cautious about opening any attachment or downloading any files from emails you receive.

### Your car

- Do not leave any personal information in your car.
- If your car is broken into report it to the police immediately.

For additional tips to reduce your risk and for guidance on what you should do if you become a victim, visit our website at [www.cigna.com/idtheft](http://www.cigna.com/idtheft).

<sup>1</sup> Javelin Strategy and Research, January, 2010.

<sup>2</sup> Provided with confirmation of reimbursement and if traveling more than 100 miles from home.

<sup>3</sup> Assistance with U.S. bank accounts only.

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# Rewarding people for taking charge of their own health

*Instead of waiting to get sick before seeing a doctor, employees are taking preventive health measures. Making wiser wellness choices. And looking past conventional medicine to a growing number of proven alternatives. Natural supplements, acupuncture, therapeutic massage and laser vision correction are just a few of them.*

That's good news for employers who understand the connection between good health and job performance. Smart, preventive health choices can result in increased productivity. Fewer sick days. Lower medical costs. Add them all up, and you benefit as much as your employees do. Now you can make these choices available to your employees at significant discounts – through CIGNA Healthy Rewards®.

### Easy access

**Zero costs.** Healthy Rewards® is a discount program, not a covered benefit, adding \$0 to the cost of your plan.

**Zero paperwork.** No claims to administer for your employees. No enrollment forms to file. And no promotional effort on your part. We can provide flyers and reminder messages. Simply distribute them through your usual communication channels.

**Healthier employees.** It's a fact. Self-care and wellness programs can improve overall health and well-being while promoting a positive outlook. They can give people more control over their own health decisions and concerns. The results may include lower absenteeism, increased productivity and fewer claims.

**Happier employees.** By offering Healthy Rewards® you're making it easier for your employees to take care of themselves. Helping them save money on alternative services and products they value. Adding significant value to their health benefits. It's a no-cost way to boost job satisfaction and morale.



*If good health  
is its own reward,  
consider this a  
well-deserved bonus.*

## Alternative health choices

The Healthy Rewards® program makes your employees' alternative health decisions easier any way you look at it.

It gives them immediate access to quality health care professionals. Therapies like acupuncture are available through a network of quality providers.

For people with busy lives, it's easy to use. No doctors' referrals or claim forms needed. Employees simply set an appointment with their choice of participating providers. And enjoy significant discounts.

The same goes for every covered family member. All they need to participate is their ID card.

Healthy Rewards® is an easy choice to make – for the savings alone. Your employees can choose from a wide network of conveniently located participating providers by visiting [CIGNA.com/rewards](http://CIGNA.com/rewards) (password: savings) or calling 1.800.258.3312.

Talk to your CIGNA representative to learn more.

The following Healthy Rewards® programs are available to employees and their family members enrolled in a CIGNA life, accident or disability plan.

### Weight Management and Nutrition

Healthy Roads Weight Management Program  
Registered Dietitian Network  
Jenny Craig  
Weight Watchers®  
NutriSystem®  
Weight Management Scales

### Dental Care

Anti-Cavity Products through Epic™  
Power Toothbrush

### Vision and Hearing Care

Exams, Eyewear and Contacts  
Lasik Vision Correction  
Hearing Exams and Aids

### Tobacco Cessation

Healthy Roads Tobacco Cessation Program  
Tobacco Solutions™  
Quitnet®

### Alternative Medicine

Acupuncture  
Chiropractic Care  
Massage Therapy

### Mind/Body

Healthy Roads Mind/Body Program  
Yoga Journal  
SpaFinder™

### Fitness

Fitness Club Memberships  
Just Walk 10,000 Steps-a-Day™

### Vitamins, Health and Wellness Products

Drugstore.com™  
ChooseHealthy™  
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