

LINA GROUP TERM LIFE INSURANCE (PREVIOUSLY ALTA HEALTH & LIFE)

OPEN ENROLLMENT SEPTEMBER 1 - NOVEMBER 30, 2011

Beginning September 1 through November 30, 2011 employees will have the opportunity to enroll in a group term life insurance program, now underwritten by Life Insurance Company of North America (LINA), a CIGNA Company, (previously underwritten by Alta Health & Life Insurance Company).

The benefits payable under this plan are in addition to your state life benefits with Minnesota Life.

Who is eligible? All active full-time employees are eligible to participate. Insurance is also available for your spouse and unmarried dependent children.

What benefits are available? Your coverage is based on your current age, salary and 200% bonus feature. To calculate your benefit and premium go to page 4 in the following brochure. Your spouse is automatically covered for \$20,000 and dependent children for \$5,000 at no additional cost to you. Benefit enhancements include Identify Theft and Will Preparation. See the brochure for details.

Is a Guaranteed Issue benefit available? Yes, all coverage is guaranteed issue if you enroll during the open enrollment period or within 60 days of employment.

Does the plan offer a conversion option? Yes, you may convert your coverage to an individual plan within 31 days of separating from the state.

How do I obtain more information? Simply review the following enrollment brochure or contact Capital Insurance Agency, Inc. at 1-800-780-3100.

How do I enroll? Print and complete a copy of the following application then return to your Post Tax Benefits Coordinator or Capital Insurance Agency, Inc.

Please note that if you are currently participating in this program, you do not need to re-enroll. Your coverage will continue automatically. Deduction Code 0262.

Group Term Life Insurance Program

For Full-Time Employees of the State of Florida



200% Bonus Benefit
Accidental Death and Dismemberment Benefit

\$20,000 Life Insurance Protection on Your Spouse

\$5,000 Life Insurance Protection on Your Eligible Child(ren)

Enhancements at No Additional Cost To You.



Consortium of Participating Departments and Agencies:

Agency for Health Care Administration
Agency for Persons w/ Disabilities
Department of Business & Professional Regulation
Department of Children & Families
Department of Corrections
Department of Elder Affairs
Department of Environmental Protection
Department of Health
Department of Highway Safety and Motor Vehicles
Department of Juvenile Justice
Department of Management Services
Department of Revenue
Department of State
Department of Transportation
Department of Veterans' Affairs
Division of Administrative Hearings
Fish & Wildlife Conservation Commission
Florida Parole Commission
Florida State Court System
Office of the Auditor General
State Board of Administration

CAPITAL INSURANCE AGENCY, INC.

Plan Underwritten By
Life Insurance Company of North America (LINA),
a CIGNA Company

(Previously underwritten by Alta Health & Life Insurance Company)

Administrative Offices: Jacksonville, Florida

TO ALL FULL-TIME EMPLOYEES:

Your department has made available to you an outstanding benefit of an affordable GROUP TERM LIFE INSURANCE PLAN. Premiums are conveniently payroll deducted on a post-tax Miscellaneous Deduction Code #262. Since 1960, this Plan has paid out millions in benefits to state employees' loved ones.

The financial soundness of this Plan has allowed the following benefit enhancements:

- a 200% Bonus to be added to the Basic Coverage
- Employee Accidental Death and Dismemberment Benefit
- \$20,000 life insurance protection on your spouse
- \$5,000 life insurance protection on your eligible child(ren)

All at no extra charge to you.

ACTIVE AT WORK PROVISION:

For enrolled employees actively at work, life insurance coverage becomes effective the day following the end of the payroll period in which the first deduction is made. However, if you are both: (a) not actively at work on the date your employee insurance would become effective, and (b) disabled or under a physician's care because of the sickness or injury, such insurance will not become effective until the date you resume full-time active work with your employer. Likewise, any increase in insurance coverage would be deferred until such date as you resume full-time active work with your employer.

WAIVER OF PREMIUM:

If, while insured and under age 60, you become totally disabled from an injury or sickness which prevents you from engaging in any work for at least nine consecutive months, you can apply for Waiver of Premium benefits by obtaining the Premium Waiver application from a Capital Insurance representative and submitting it to CIGNA within nine to fifteen months after your last day at work (premiums must be paid during this period of disability or until the date the Insurance Company agrees in writing to waive premiums for that Employee.) CIGNA will send a letter annually requesting a doctor's statement verifying the continuation of your disability. This continuance of insurance will terminate on the earliest of (a) cessation of disability, (b) failure to submit the required proof of continued disability, or (c) failure to submit to the annual examination by a physician, at which time the employee is entitled to the Conversion Privilege.

CONTINUATION FOR DISABILITY FOR EMPLOYEES OVER AGE 60:

If an Insured becomes Disabled and is age 60 or over, the Life Insurance Benefits will continue, provided premiums are paid, until the earlier of (1) Date Employee is no longer Disabled (2) Twelve months from Last Day Actively at Work (3) Date coinciding with the end of the last period for which premiums are paid (4) Date the Policy is terminated by the Insurance Company, at which time the employee is entitled to the Conversion Privilege.

CONVERSION PRIVILEGE:

Upon termination of employment, all insured employees have the option of converting this Group Term Life Insurance Plan to an individual Whole Life Plan issued by Connecticut General Life Insurance Company. It cannot be converted to another term insurance plan. This conversion must be requested within 60 days of your termination by calling CIGNA's Jacksonville office at 1-800-888-5256, in order for the conversion policy to be issued without evidence of insurability.

BENEFICIARY:

The amount of your Group Term Life Insurance Plan will be paid to the beneficiary of your designation in the event of your death from any cause at any time while insured under this Plan. You name the beneficiary, which may be changed at any time, by completing a new Application/Change Form, dating it, and filing it in your employee file in your Department's Personnel Office.

POLICY PROVISIONS:

Misstatement of Age or Sex: If the age or sex of an insured has not been stated correctly, the insured's correct age or sex will be used to adjust the benefits and premiums accordingly.

Incontestability: The validity of this group policy will not be contested, except for non-payment of premium, after it has been continuously in force for two years from the effective date.

Renewability: The group policy will be renewed on the policy anniversary date. However, the Company may terminate the policy if the number of insured employees or if the percentage of the number of insured persons of all eligible employees falls below required amounts specified by the policy.

Termination of Insurance: Your Group Term Life Insurance Plan will terminate on the earliest of: (a) the date this group policy terminates; or (b) the last day for which your premium has been paid; or (c) the date you enter into full-time military, naval, or air service; or (d) termination of membership in a class eligible for insurance under the Policy; or (e) the date you are no longer Actively at Work, as defined by the Policy, with the Employer.

Benefits of Your CIGNA GROUP TERM LIFE PLAN

This plan provides \$20,000 Life Insurance on your spouse and \$5, 000 life insurance on all eligible dependent children at no additional cost.

Eligible dependents include the employee's spouse and all unmarried children to age 25 if they (1) depend on the employee for support, and (2) live with the employee or are classified as a full-time or part-time student.

Accidental Death, Dismemberment and Loss of Sight Insurance

These benefits are payable for any of the following losses incurred by you as a result of and within 365 days of an injury occurring on or off the job. Payment will be made regardless of any other benefits provided by the Plan.

Benefits Payable for Loss of:

Life.....	}	The full amount of Insurance for which the employee is covered
Both hands or both feet.....		
Sight of both eyes		
One hand and one foot.....		
One hand and sight of one eye		

One hand or one foot.....	}	One-half the full amount of Insurance for which the employee is covered.
Sight of one eye		

Not more than the Full Amount of Insurance will be paid for all losses sustained as the result of one accident, but benefits paid on account of one loss will not prevent further payment for losses resulting from subsequent accidents. These benefits are not payable for loss caused by war or riot or under certain other circumstances described in your Policy Booklet.

DIRECTIONS FOR ENROLLING IN YOUR CIGNA GROUP TERM LIFE PLAN

NOTE: No Physical examination or other evidence of insurability is required of an employee if enrollment is made within the first 60 days of employment.

1. Complete the Enrollment Application/Change Form.
2. Be sure to designate a primary beneficiary.
3. Separate the completed application (page 5) from the brochure at the perforation line.
4. Submit the application to your Personnel Office.
5. Personnel will start your deduction on Code #262 and file the Enrollment Application form in your personnel employee file.
6. This coverage shall take effect on the day following the end of the pay period in which the first deduction is made. (see Active At Work Provision)

If Enrollment does not Occur:

(a) within the first 60 days of employment,

Or

(b) during an open enrollment period, then the employee must complete a Health Statement form satisfactory to Life Insurance Company of North America (LINA), a CIGNA Company. This form can be obtained from a Capital Insurance Agency representative or online at www.capitalins.com. Both the company application and the Health Statement must be submitted together to the Company for approval. Once approved, CIGNA will request Personnel to start the payroll deduction.

HOW TO FIGURE YOUR LIFE INSURANCE COVERAGE

The amount of your life insurance coverage in force at any time depends on **your age, your annual salary, and the Bonus Coverage (currently 200%)**. The amount of your Life Insurance coverage will change with any changes in your salary or when your age changes or with any changes in the percentage of Bonus Coverage.

EXAMPLE: 30-Year Old with Annual Salary of \$30,000	\$30,000	x 1.60	= \$48,000	x 3.0	=\$144,000.00
	Annual Salary	Age Factor	Basic Life Coverage	200% Bonus	Total Life Insurance Coverage

YOUR FIGURES:	\$	x	= \$	x 3.0	=\$
	Annual Salary	Age Factor	Basic Life Coverage	200% Bonus	Total Life Insurance Coverage

TABLE OF FACTORS CHART

Age	Factor	Age	Factor	Age	Factor	Age	Factor
20 or less	2.00	32	1.52	45	1.00	58	0.48
21	1.96	33	1.48	46	0.96	59	0.44
22	1.92	34	1.44	47	0.92	60	0.40
23	1.88	35	1.40	48	0.88	61	0.36
24	1.84	36	1.36	49	0.84	62	0.32
25	1.80	37	1.32	50	0.80	63	0.28
26	1.76	38	1.28	51	0.76	64	0.24
27	1.72	39	1.24	52	0.72	65	0.20
28	1.68	40	1.20	53	0.68	66	0.16
29	1.64	41	1.16	54	0.64	67	0.12
30	1.60	42	1.12	55	0.60	68	0.08
31	1.56	43	1.08	56	0.56	69+	0.04
		44	1.04	57	0.52		

This Plan provides a minimum of \$20,000 Total Life Insurance Coverage regardless of the employee's age factor.

HOW TO FIGURE YOUR PREMIUM

Your premium is three fourths of 1% (.0075) of your biweekly or monthly salary.

Your premium will change when your salary changes. This change is done in the Personnel Office.

Use the space below to calculate your premium.

BIWEEKLY EXAMPLE:	\$1,000.00	x .0075	= \$7.50
	Biweekly Salary	Premium Percentage	Biweekly Premium

MONTHLY EXAMPLE:	\$2,000.00	x .0075	= \$15.00
	Monthly Salary	Premium Percentage	Monthly Premium

YOUR PREMIUM:	\$	x .0075	=\$
	Biweekly or Monthly Salary	Premium Percentage	Biweekly/Monthly Premium

NOTE: Record your calculated premium, coverage amount and beneficiary designations in this space and retain a copy with your insurance records.

DATE	\$ _____ COVERAGE AMOUNT	\$ _____ PREMIUM AMOUNT
PRIMARY BENEFICIARY(IES)		RELATIONSHIP
PRIMARY BENEFICIARY(IES)		RELATIONSHIP
CONTINGENT BENEFICIARY		RELATIONSHIP

LIFE INSURANCE COMPANY OF NORTH AMERICA (LINA), A CIGNA COMPANY (PREVIOUSLY UNDERWRITTEN BY ALTA HEALTH & LIFE INSURANCE COMPANY) PLAN ENROLLMENT APPLICATION/CHANGE FORM.

Agency for Health Care
Administration
Agency for Persons w/
Disabilities
Dept. of Business & Professional
Regulation

Dept. of Children & Families
Dept. of Corrections
Dept. of Elder Affairs
Dept. of Environmental
Protection
Dept. of Health

Dept. of Juvenile Justice
Dept. of Management Services
Dept. of Revenue
Dept. of State
Dept. of Transportation
Dept. of Veterans' Affairs

Dept. of Highway Safety and
Motor Vehicles
Division of Administrative
Hearings

Fl. Fish & Wildlife Conservation
Commission
Florida Parole Commission
Florida State Court System
Office of the Auditor General
State Board of Administration

TO ALL FULL-TIME EMPLOYEES OF PARTICIPATING DEPARTMENTS

This is your opportunity to enroll in an excellent, low-cost Group Term Life Insurance Plan sponsored by your Department.

- If you **ELECT TO HAVE COVERAGE**, complete and sign the **APPLICATION** (Section I).
- If you desire to make a **policy change** (beneficiary or name), complete and sign the **POLICY CHANGE (Section II)**,
- All employees must return this form promptly to the Personnel Office in order to obtain coverage.

Attention: THIS FORM MUST REMAIN IN THE EMPLOYEE'S PERSONNEL FILE. DO NOT MAIL IT TO THE COMPANY.

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.

I. APPLICATION FOR GROUP TERM LIFE INSURANCE COVERAGE

EMPLOYEE NAME	DOB	SSN
EMPLOYEE HOME ADDRESS		
EMPLOYEE ID#	DEPT	DATE OF HIRE
COUNTY	WORK PHONE	
BENEFICIARY NAME(S)	DOB	RELATIONSHIP
BENEFICIARY NAME(S)	DOB	RELATIONSHIP
CONTINGENT BENEFICIARY NAME	DOB	RELATIONSHIP

I hereby apply for the amount of Group Term Life Insurance for which I am eligible under my employer's Group Insurance Plan.
I authorize deductions from my earnings in the amount required to cover my premiums.

EMPLOYEE SIGNATURE _____ DATE _____

II. POLICY CHANGE ONLY

EMPLOYEE NAME	DOB	SSN
EMPLOYEE HOME ADDRESS		
EMPLOYEE ID#	DEPT	WORK PHONE
<input type="radio"/> BENEFICIARY CHANGE		
CHANGE PRIMARY BENEFICIARY TO: LAST NAME	FIRST NAME	RELATIONSHIP
CHANGE CONTINGENT BENEFICIARY TO: LAST NAME	FIRST NAME	RELATIONSHIP

NAME CHANGE

CHANGE MY NAME FROM	TO
EMPLOYEE SIGNATURE	DATE

III. BENEFICIARY DESIGNATION

The beneficiary for life insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise the estate of the spouse and children, subject to policy provisions. A beneficiary for employee Life Insurance may be changed upon written request. If you need assistance, contact your benefits administrator at (800) 888-5256 or your own legal counsel.

IV. FOR PERSONNEL USE ONLY PLEASE FILE IN EMPLOYEE'S PERSONNEL FILE. DO NOT MAIL TO COMPANY

				262	
Samas Code	District/div Code	Effective Date of Insurance	Deduction Amount	Deduction Code	Date Processed/Initial



CAPITAL INSURANCE AGENCY, INC.

appreciates the opportunity
to provide for the insurance needs of
State of Florida employees.

*“We’re Here
To Help You!”*

We have regional offices
located across the state
in addition to our fully
licensed home office staff
to service state employees.
Contact your nearest
Regional Office for
questions, forms
or assistance.

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Rev. 7/11, #848441

CAPITAL INSURANCE AGENCY, INC.

“We’re Here To Help You!”

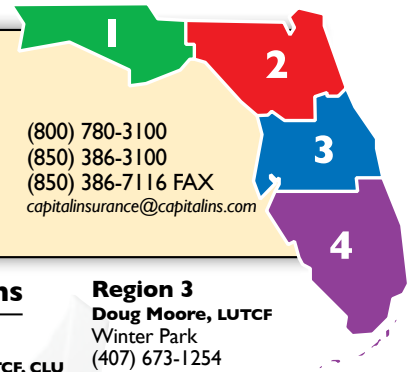
Contact the Capital Insurance Agency
Regional Office in your area for assistance.

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

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

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.¹ 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 needed²
- 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;³
- 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.

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.

¹ Javelin Strategy and Research, January, 2010.

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

³ Assistance with U.S. bank accounts only.

CIGNA is a registered service mark used by these insurance companies. This program does not include reimbursement of expenses for financial losses.

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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 assets¹. 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 number². 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

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.

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

² No legal advice is provided.



Now is the time to get started. Visit 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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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 (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™
Healthy Lifestyle Products
Mayo Clinic Books
Magazine Subscriptions

Some Healthy Rewards® programs are not available in all states. If your CIGNA plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards® programs are separate from benefits. A discount program is NOT insurance, and the member must pay the entire discounted charge.

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