

ACTIVITY-BASED PHYSICIAN-RECOMMENDED ALTERNATIVE AND WAIVER (FORM A)



You may be able to earn rewards in different ways for the Cigna Health and Wellness Program. You have taken the first step towards working with your doctor to help achieve your goals. First, complete the Patient Information Section below. Second, ask your doctor (or licensed medical professional) to either provide an alternative goal that is appropriate for you, or a waiver from completing the goal. Finally, please ask your doctor to sign the completed form before returning it to Cigna.

Patient Information Section (Please print all information)

First Name MI Last Name

Address

City State Zip

Cigna Account Number: Primary Telephone Area Code -

Social Security (SSN) Last 4 numbers

Note: Please use the last 4 digits of SSN for person being screened.

Customer ID (Note: located on your Cigna ID card; this is an 11 position field)

Patient Date of Birth MM DD YYYY

Patient (or legal guardian of minor) Signature: By signing below you are confirming the information on this forms is true and accurate, and you understand your data will be released to your Cigna health plan. Today's Date MM DD YYYY

Physician (or Licensed Medical Professional) Information Section (Please print all information)

As an attending physician (or licensed medical professional) for the above mentioned patient,

I recommend the above patient be waived from this activity or activities _____

OR

I, the physician, recommend that the above mentioned patient participate in the following

- Telephonic Coaching
 - Make progress or achieve a health goal
 - Manage a chronic condition
 - Get help improving my lifestyle habits (tobacco, stress and weight)
- Online Program
 - Make smart and delicious food choices
 - Get help improving my lifestyle habits (tobacco, stress and weight)
 - Manage a chronic condition
- Get a preventive flu shot
- Other (Please describe the goal/activity. E.g. exercise programs, tracking on mobile apps, physical challenges, etc.) _____

Physician First Name (or Licensed Medical Professional) MI Last Name

Address

City State Zip

Title

Signature of Physician or Licensed Medical Professional (Required)

Today's Date MM / DD / YYYY

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Instructions for patients and health care professionals



These instructions may be used by both patients and licensed medical professional for completion of the alternative/waiver request forms. The steps below guide you through determining which form to use, how to complete the forms, and how to submit the forms to Cigna.

Activity-Based Physician-Recommended Alternative and Waiver form (Form A)

- If you wish to receive a physician-recommended alternative or waiver from completing activity based incentive programs, choose this form.
- Examples of activity based programs include but are not limited to:
 - Participating in wellness programs, such as nutrition or exercise programs
 - Achieving activity-related goals, such as a 10,000 step challenge
 - Managing diet or physical activity

Refer to Form A for all activity-based goals

Outcome-Based Physician-Recommended Alternative and Waiver form (Form B)

- If you wish to receive a physician-recommended alternative or waiver from completing health outcomes based incentive programs, choose this form.
- Examples of health outcomes programs include but are not limited to:
 - Achieve a healthy body mass index, cholesterol level, blood sugar level, and blood pressure
 - Manage weight by losing five to 10 percent of your current weight
 - Tobacco cessation

Refer to Form B for all outcome-based goals

Patients

- Print a copy of the correct form and bring it with you to your physician visit, along with any Cigna health plan material you may have that outlines your incentive program.
- Please complete all fields in the top section including your name, address, birthdate, and account information.
- Please sign and date the form. Forms received without signature will not be processed.
- Please write clearly. Forms that are not legible may be returned.

Physicians (or Licensed Medical Professionals)

- Discuss with your patient the options for alternatives or waivers to achieving the incentive goal.
- The patient may have Cigna health plan material that will include details of the incentive program for your reference.
- Indicate on the form if you are providing an alternative or a waiver.
- If you are recommending an alternative, write in the alternative in the space provided.
- Select the goal for which the patient wishes to receive an alternative or waiver.
- Please complete, sign, and date the form.

Using the "Other" category

If you wish to receive a physician-recommended alternative or waiver for a goal or activity that is not listed on this form (such as a Zensy goal or a Center of Excellence goal), please check the "Other" category on the form and include the detailed goal name as it appears in your incentives program materials.

Please send the forms by mail or fax

- Mail
 - Cigna
 - PO Box 3026
 - Scranton, PA 18505
- Fax
 - 888.467.7281
 - Enter on the fax cover sheet: "CONFIDENTIAL —Attention: Physician-Recommended Alternative and Waiver"

If you have questions about completing this form please call the number on your Cigna ID card. If you are not enrolled in a Cigna medical plan, please call 1-800-Cigna 24 (244.6224).

Your Privacy is Important: The privacy of your health information is important to you and to Cigna. We are committed to ensuring your personal health information is protected and secure, and that our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).