



AN INTEGRITY  COMPANY

Cigna HealthSpring Contracting Request Form

☐ Individual Agent ☐ Agency only/non-producing principal
☐ Agency & producing principal

Agent Last Name: _____ Agent First Name: _____

Agent SSN: _____ Agent Date of Birth: _____

Business Phone: _____ Home Phone: _____ Fax: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Agency Name: _____ Tax ID: _____

Business Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Upline Agency: _____