

REQUEST FOR CHANGE OF PAYMENT DETAILS

By signing this document, you allow Cigna to use the following information to update your credit card or payment details for your policy. *Please forward this document to your Broker, Cigna Customer Service or Cigna Broker Support Staff only.*

Policy Number _____

Policy Holder Name _____

- Change of Credit Card Number (as your previous credit card has expired or has been replaced)
- Change of payment method (from EFT to credit card mode)
- Any other Request for changes to your payment details, please indicate here:

PAYMENT DETAILS											
Payment currency			US Dollar			Euro			Sterling		
Payment frequency			Monthly			Quarterly			Annually		
Payment method		Credit/debit card		Bank wire transfer (Annual payment only) (We will call you on receipt of your application to provide the relevant details)							
Credit/debit card number											
Type of card		MasterCard		Visa		Visa Debit		Visa Electron		Delta	
		American Express		Solo		Maestro (UK Domestic)		Maestro (International)			
Name as it appears on the card											
Start date of the card (mm/yy)						Expiry date of the card (mm/yy)					
Security code		(This is the 3 digit number on the reverse of most cards. For American Express cards, this is the 4 digit number found on the front of the card on the right hand side)									
Is the billing address the address you have provided for your policy?								Yes		No	
If no, please provide the full billing address											
Credit card authorisation: I authorise Cigna to charge my credit/debit card account with my healthcare premium (of which I will be notified upon acceptance of cover/renewal). This will continue until the instruction is cancelled, and I will provide written notice to Cigna according to my Policy Rules documentation.											
Cardholder's signature											
Date (DD/MM/YYYY)											

Questions 1. Please confirm - is the payment card that of the Policy Holder: YES or NO

If you answer **NO** to Question 1; the following additional questions will be required when there is a 3rd party paying for the policy

- Card holder **First Name**:
- Card holder **Surname**:
- **Name** as it appears on the card and contact phone number:
- **Relationship** to Policy Holder:
- **Date of Birth** of Card Holder:
- **Nationality** of Card Holder:
- **Credit Card** Billing address:

If you answer **YES** to Question 1 (which means card holder is the policy holder himself/herself):

- Card holder First Name:
- Card holder Surname: