



CIGNA ENVOY

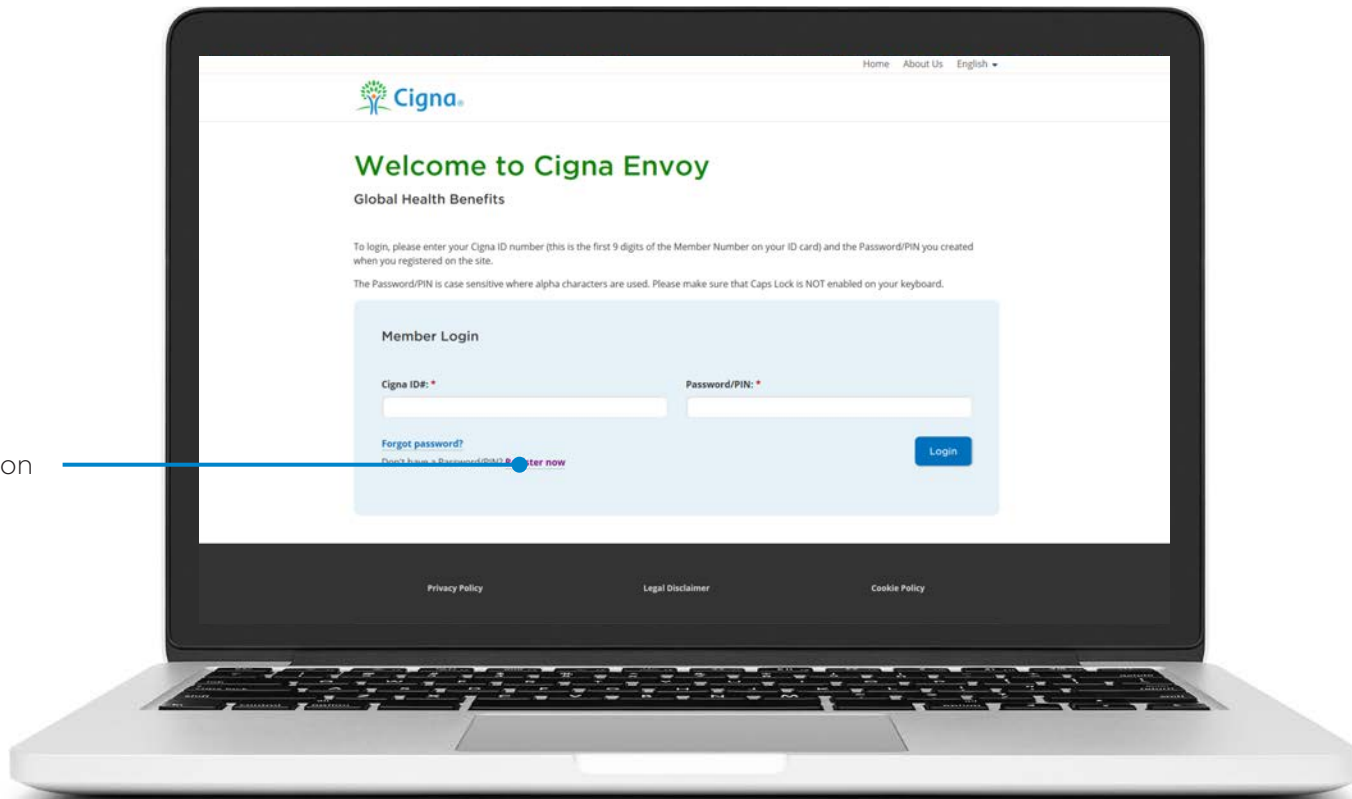
Registration and User Guide

USER GUIDE

Registration

To register for Cigna Envoy, from your web browser navigate to **www.CignaEnvoy.com** and select **“Register Now”**.

Click this option



Registration

Enter your nine-digit Cigna membership number into the **“Cigna ID”** field.

Enter the **first 9 digits** of your **Cigna membership ID**. This numbers consist of 11 digits in total but please **do not enter the last two digits** (i.e 01, 02, etc)

Then click **“Register”** to proceed to next step

Registration

Enter your **personal information** from your membership card. Once all information is entered click the **“Register”** button to proceed.

Please ensure that your personal details are entered exactly as shown on your Cigna ID card

“Policy Holder” is the name of your employer

Please use care when entering the security code - this is case sensitive

The registration form on the laptop screen includes the following fields and elements:

- Header: "bienvenido welcome howa-viadas welcome bienvenida BIENVENIDO" and "YOUR HEALTH PLAN AND WELL-BEING INFORMATION."
- Title: "ENTER YOUR IDENTIFYING INFORMATION"
- Note: "Required field(s)"
- MemberID Number: 55001000K
- First Name: *
- Last Name: *
- Date of Birth: * (Day, Month, Year dropdowns)
- Policy Holder: *
- Don't have a Cigna ID Card?
- Enter the digits above: * (Security code field)
- Footnote: (Please type exactly what is shown above for security purposes.)
- Buttons: Cancel, Register

The Cigna ID card shown on the right side of the form contains the following information:

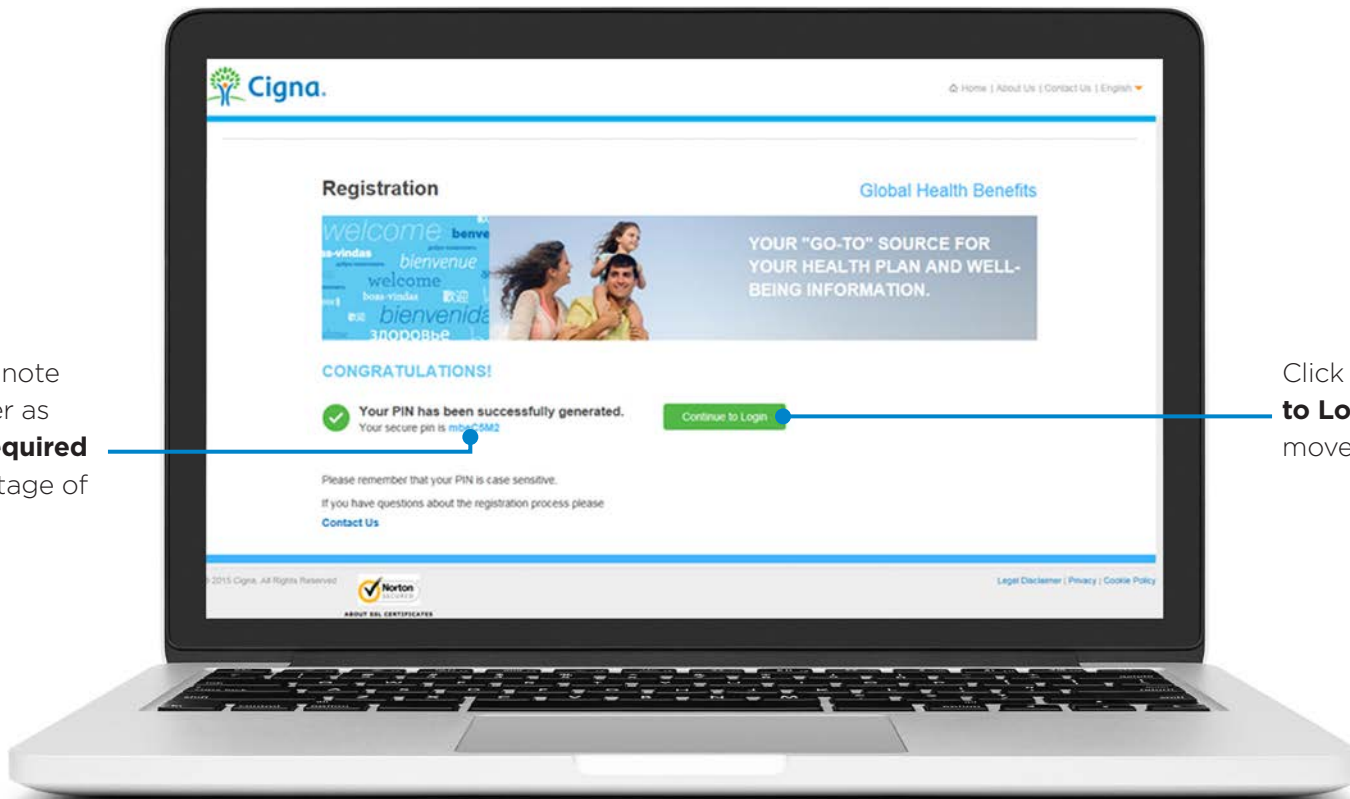
- Policy Holder: uSHE4-INC
- Member-Name: BLACK
- Member NO: 234567890121401

Then click **“Register”** to proceed to next step

Registration

Once all information has been entered correctly, the system will generate a unique secure **PIN number**.

Please take a note of this number as this **will be required** for the next stage of registration

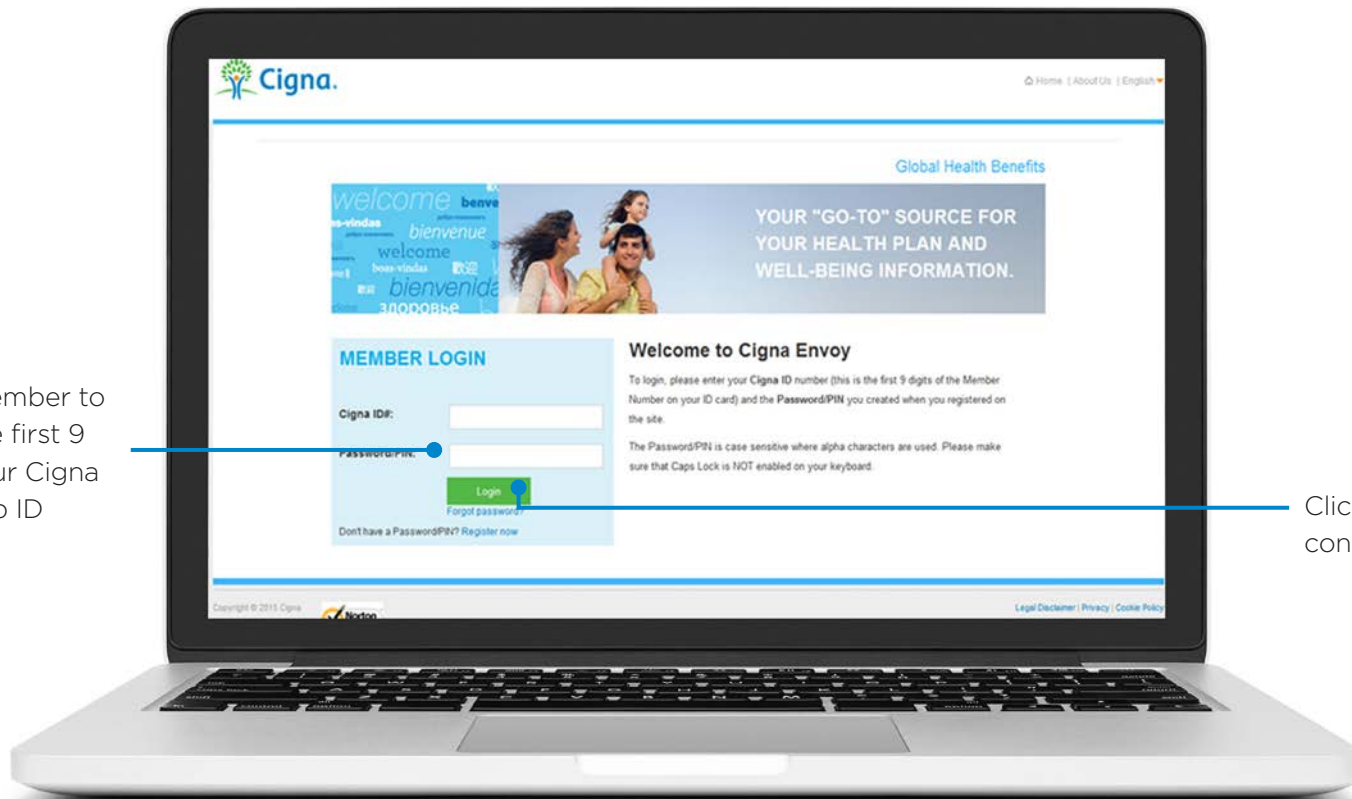


Click the **“Continue to Login”** button to move forward

Registration

Enter your **Cigna ID** and **unique PIN number** (from previous screen) into the required fields. Once all information is entered correctly click the **“Login”** button to proceed.

Please remember to use only the first 9 digits of your Cigna membership ID



Click **“Login”** to continue

Registration

You are now asked to choose security questions for your account. If ever you forget your password, you can answer these questions to gain access to the site. Once all information is entered click the **“Continue”** to proceed.

Click on the drop-down box to choose your questions, and enter your answers

Enter your email address (business or personal)

The registration form on the laptop screen includes the following elements:

- Header:** "Registration" on the left and "Global Health Benefits" on the right.
- Banner:** A banner with the word "welcome" in multiple languages (bienvenue, bienvenido, добро) and a photo of a smiling woman. Text on the right says: "YOUR 'GO-TO' SOURCE FOR YOUR HEALTH PLAN AND WELL-BEING INFORMATION."
- Section:** "STEP 1 OF 2 - CHOOSE YOUR SECURITY QUESTIONS"
- Instructions:** "Since this is the first time you've logged in, you'll need to complete a two step registration process. It should take about 2 minutes. Choose three different questions and provide answers. If you ever forget your password, we'll use these to validate your identity." Below this is a note: "Required Field".
- Form Fields:**
 - Security Question 1: "Who is your favourite historical figure?" (dropdown menu)
 - Answer 1: (text input field)
 - Security Question 2: "What is your favourite vacation / holiday place?" (dropdown menu)
 - Answer 2: (text input field)
 - Security Question 3: "What is your favourite city to visit?" (dropdown menu)
 - Answer 3: (text input field)
 - Email: (text input field)
- Buttons:** "Cancel" (light blue) and "Continue" (green) buttons at the bottom.

Click **“Continue”** to proceed

Registration

You can now create your own **password**. Once all information is entered correctly click the **“Continue”** to proceed.

Enter your own personal password, then re-enter to confirm

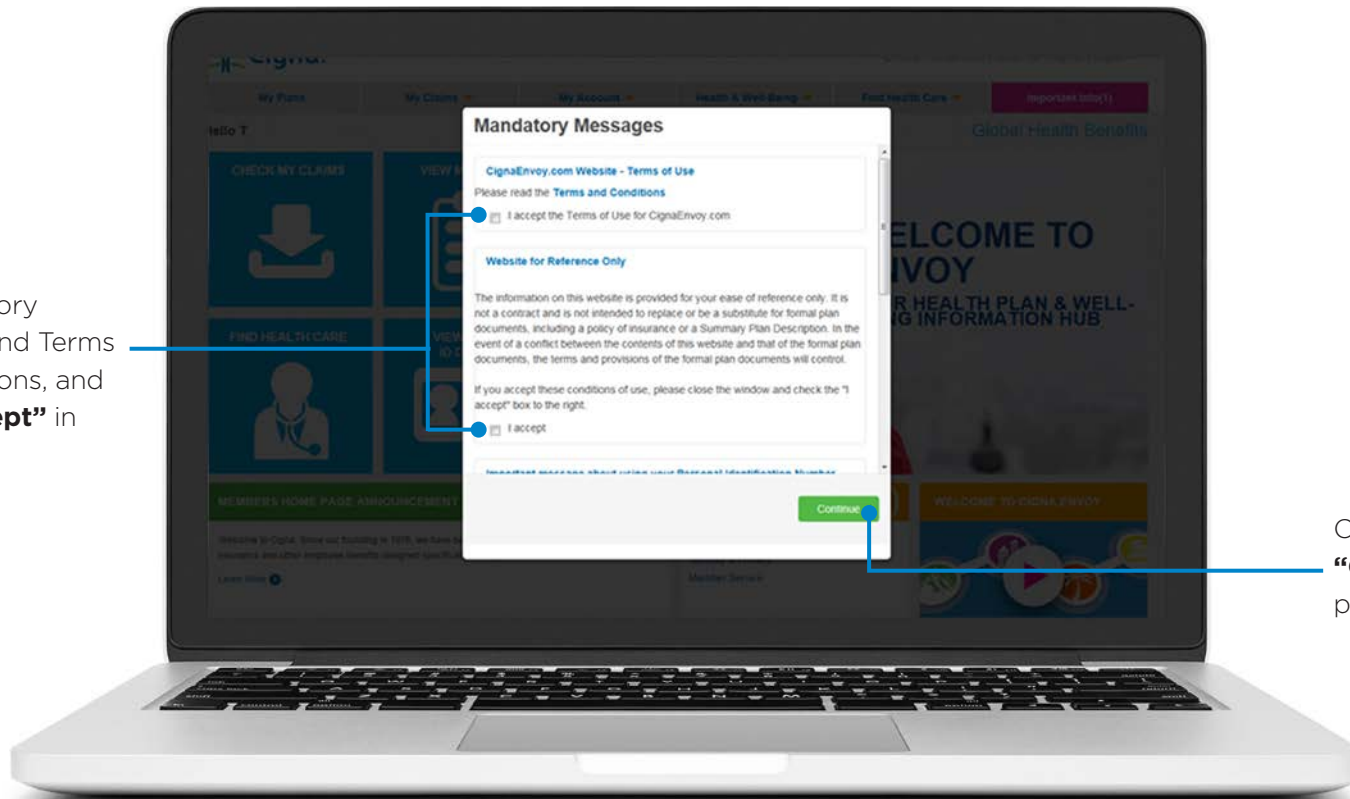
Please take note of password requirements

Click **“Continue”** to proceed

Registration

Please read **Terms and Conditions** and tick the corresponding boxes to accept.

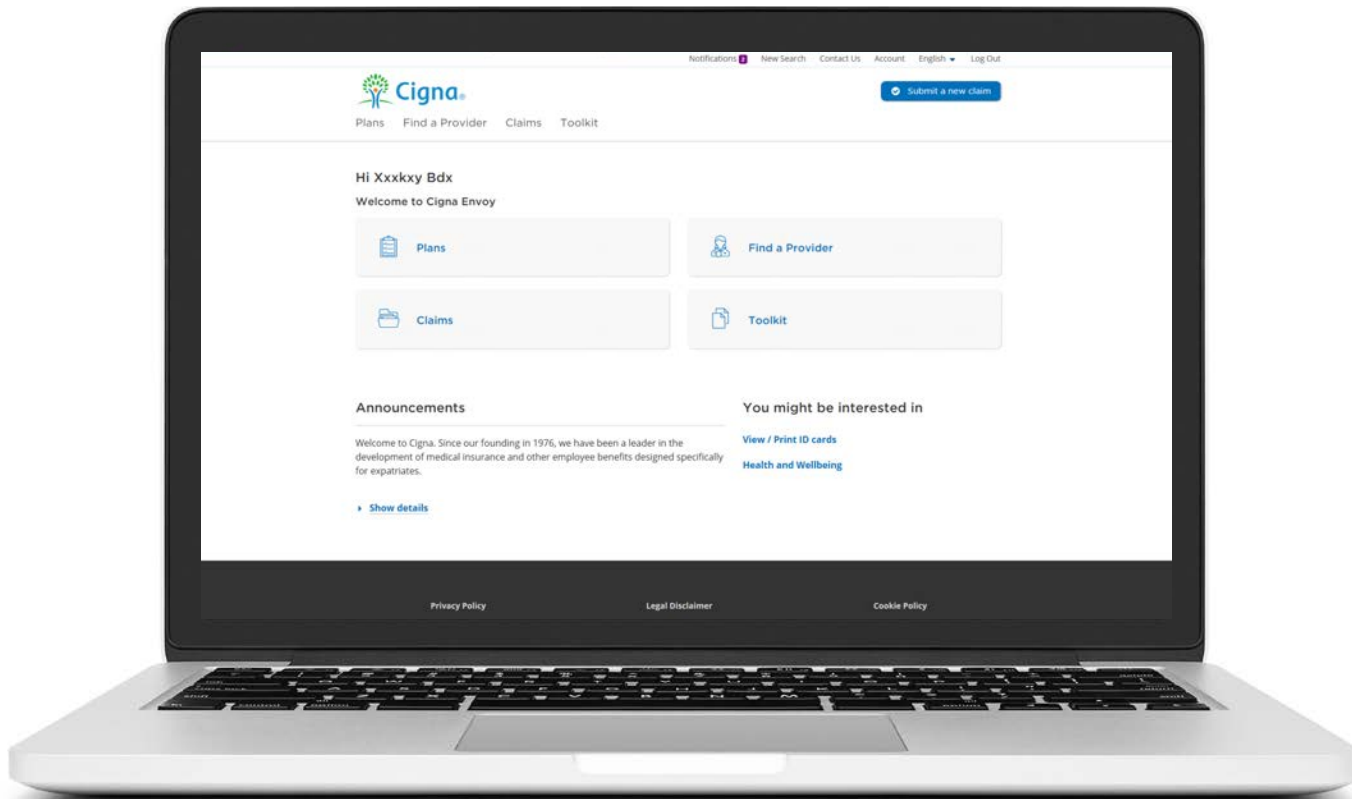
Please read the mandatory messages and Terms and Conditions, and click **“I accept”** in each area



Click **“Continue”** to proceed

Registration

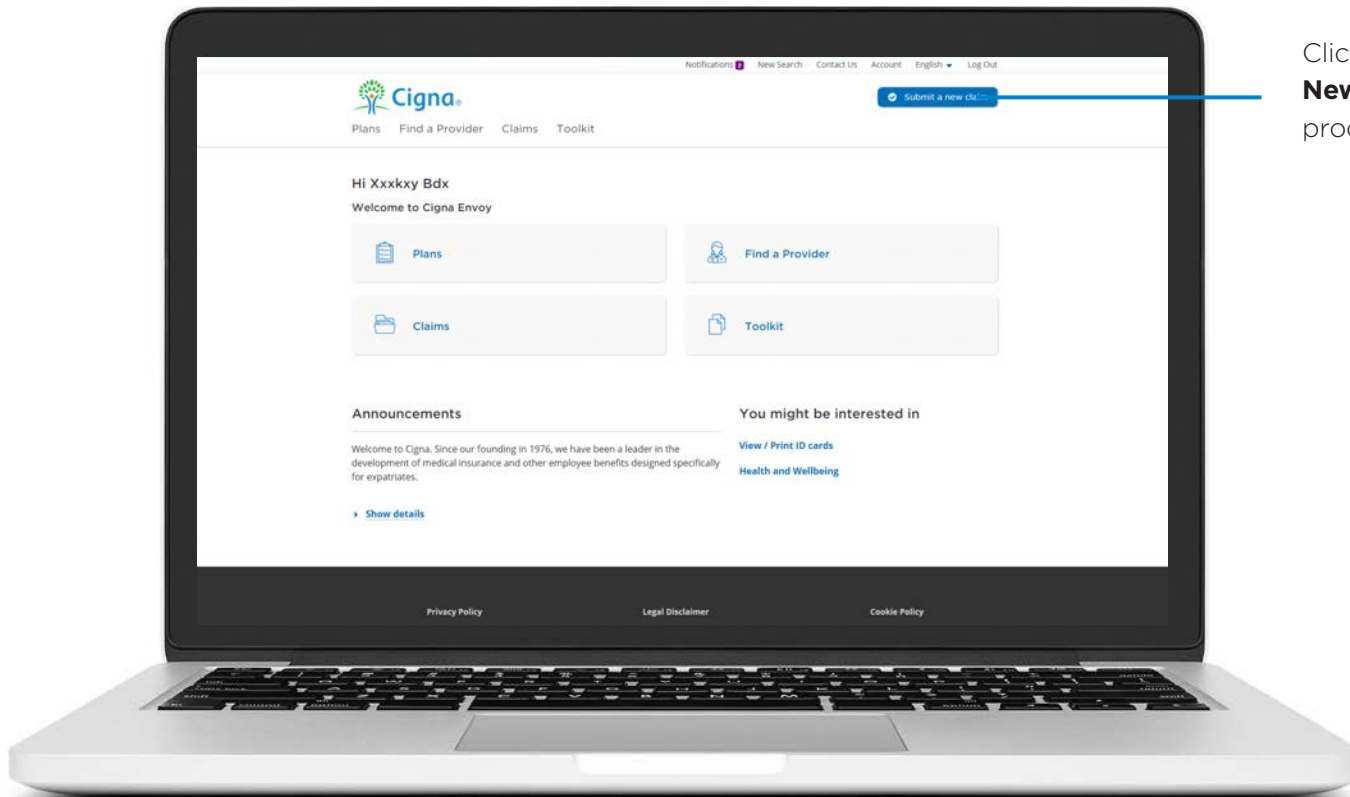
Congratulations! You have now registered for Cigna Envoy.



USER GUIDE

Submit a New Claim

How to submit a **new claim** through Envoy.



Click **"Submit a New Claim"** to proceed

Submit a New Claim

This screen will show active members under your policy together with your contact information. You can edit any of this if necessary. You can also request that a new family member is added to your policy.

You can **edit** your Mailing Address, Work Phone Number, Mobile Phone Number or Email Address by clicking on the **“Edit”** function next to the appropriate field

To request that a **new family member** is added to your policy, click on **“Add a New Family Member”** and complete the appropriate fields

CONTACT INFORMATION
* Required field(s)

Name: XXXXX BX ZXQXXX

Cigna ID#: 88002732

Mailing Address: *
ABCD
ABCD
ABCD
TESTERVILLE
AUSTRALIA
CAONS
[Edit](#)

Work Phone Number: 008765667656 [Edit](#)

Mobile Phone Number: [Edit](#)

Email Address: * time0934date080219s@test.com [Edit](#)

Current Eligible Members

NAME	RELATIONSHIP	DATE OF BIRTH
XXXXXX BX ZXQXXX	MEMBER	01 May 1974
QXXXXQXDX XXXX	SPOUSE/PARTNER	09 June 1979

[Add a new family member](#)

[Continue](#)

Click **“Continue”** to proceed

Submit a New Claim

Select the member that the claim applies to.

Tick the box with the appropriate member that the claim applies to

The screenshot shows a web form titled "Complete Your Claim" on a laptop screen. At the top, there are navigation links: "Search", "Submit a new claim", and "Complete an unfinished claim". Below the title is a progress bar with five steps: "CONTACT INFO" (checked), "CLAIM DETAILS" (highlighted in green), "PAYMENT DETAILS", "ACCEPT TERMS", and "REVIEW & SUBMIT".

Under the progress bar is a section titled "HELPFUL TIPS" with three bullet points:

- You must submit separate claims if there is payment due to you and payment due to your doctor or health care professional.
- You can submit multiple claims per online form, but only one claim per person.
- Complete all required fields accurately in order to avoid processing delays.

Below that is a section titled "TELL US ABOUT YOUR CLAIM" with a sub-section "Select claimant(s):" containing two checkboxes:

- XXXXXY BDX ZYQXXXX
- QXXXXQXDX XXXX

At the bottom of the form, there is a "Total Size of Attachment: 0MB" label and two buttons: "Back" and "Continue". A blue line from the text on the left points to the second checkbox.

Submit a New Claim

Please complete each section fully and accurately. All mandatory fields will need to be completed.

Here you can tell us about the Diagnosis/Symptoms

Enter the country where your treatment took place

You can also upload any supporting documents for the claim here

The image shows a laptop screen with a web form titled "TELL US ABOUT YOUR CLAIM". The form has several sections with blue callout lines pointing to them:

- Diagnosis/Symptoms:** A text input field with a blue callout line from the text "Here you can tell us about the Diagnosis/Symptoms".
- Incurred Country:** A dropdown menu with a blue callout line from the text "Enter the country where your treatment took place".
- Attach Files:** A file upload section with a "Browse..." button and an "Upload" button. A blue callout line from the text "You can also upload any supporting documents for the claim here" points to the "Browse..." button.
- Continue Button:** A blue button at the bottom right of the form with a blue callout line from the text "Click 'Continue' to proceed".

Select whether your treatment was in-patient or out-patient and enter the appropriate dates

If you are unsure what is required click the "i" for helpful tips

Click "Continue" to proceed

Submit a New Claim

You will now move on to the **“Payment Details”** screen.

If you wish to pay with a **new bank**,
click **“Add new bank details”**

If you wish to pay with another bank which you **already have set up**, click **“Select bank details”**. Please see next page for details

Complete your claim

CONTACT INFO CLAIM DETAILS PAYMENT DETAILS ACCEPT TERMS REVIEW & SUBMIT

CONFIRM PAYMENT DETAILS

To be completed by the insured person or their legal representative.

[Add new bank details](#) [Select bank details](#)

Electronic payments ⓘ

Bank name:	Toystory
Branch address:	Testing, Testing, Testing
Country:	AUSTRIA
Swift code:	kkkj12
IBAN number:	*****1212
Account number:	*****2121
Name on account:	Buzz

[Back](#) [Continue](#)

Choose **Cheque** as your other payment option.

If you wish to be paid by cheque, click **“cheque”** and ensure your address is correct

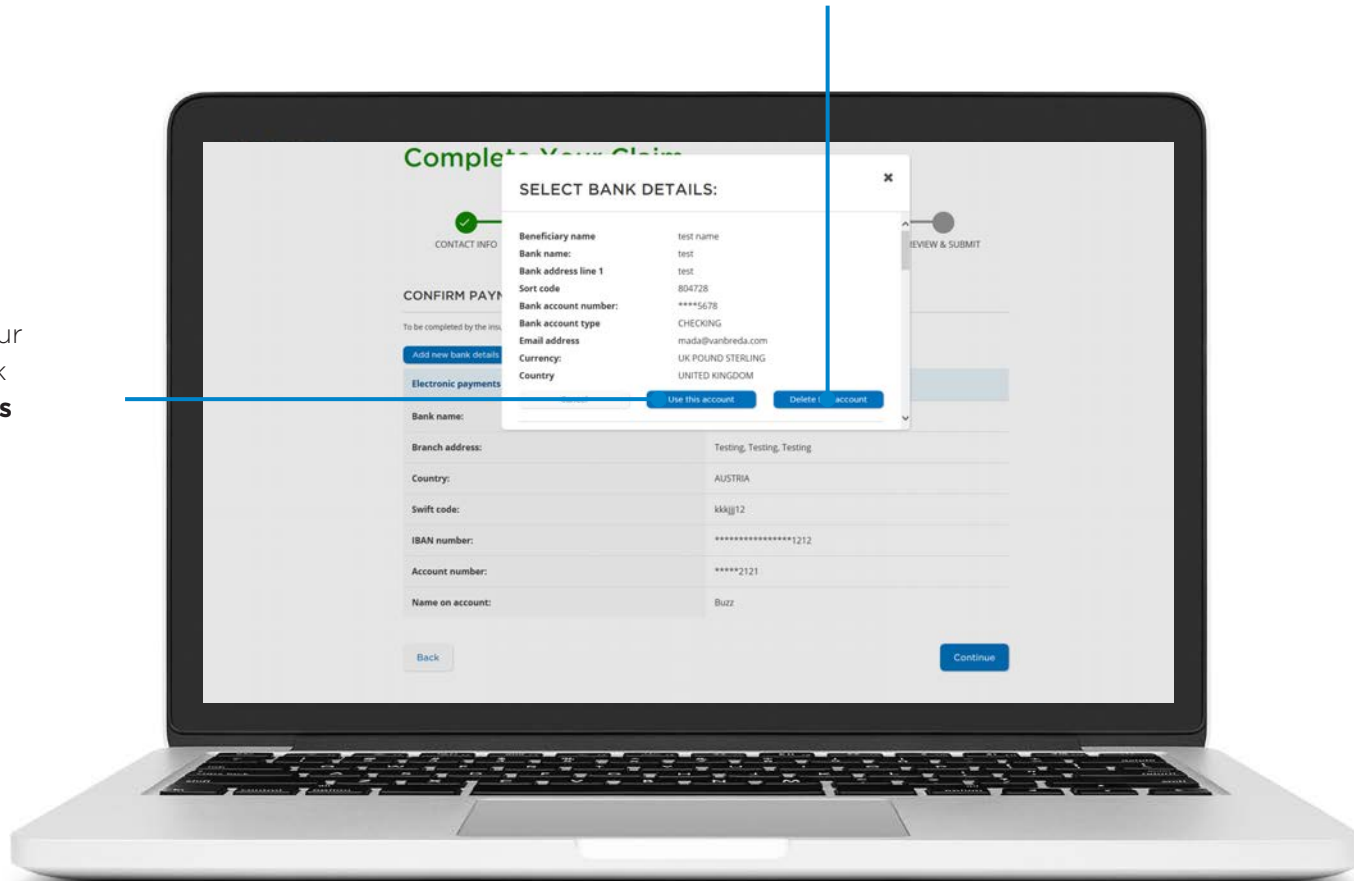
If you wish to pay with the bank details you have **previously added** click **“Continue”**

Submit a New Claim

If you selected **“Select bank details”**, you will see a list of all available banks.

You have the option to **delete a bank**

If you find your selected bank click **“Use this account”**



Submit a New Claim

If you selected **“Add new bank details”**, you will see the below screen.

The currency will automatically populate based on the **country account** selected

Enter the country where your bank is located

The screenshot shows the Cigna website interface for adding new bank details. The page title is "Add New Bank Details". Below the title, there is a thank you message and a note about required fields. The form contains two dropdown menus: "Country of Account" and "Payment Currency". A "Continue" button is located at the bottom right of the form area. A "Cancel" button is located at the bottom left of the form area. The page footer includes links for "Privacy Policy", "Legal Disclaimer", and "Cookie Policy", along with a copyright notice for 2019 Cigna.

Please check your details are correct and click **“Continue”**

Submit a New Claim

Please enter your bank account details.

Enter your bank account details.

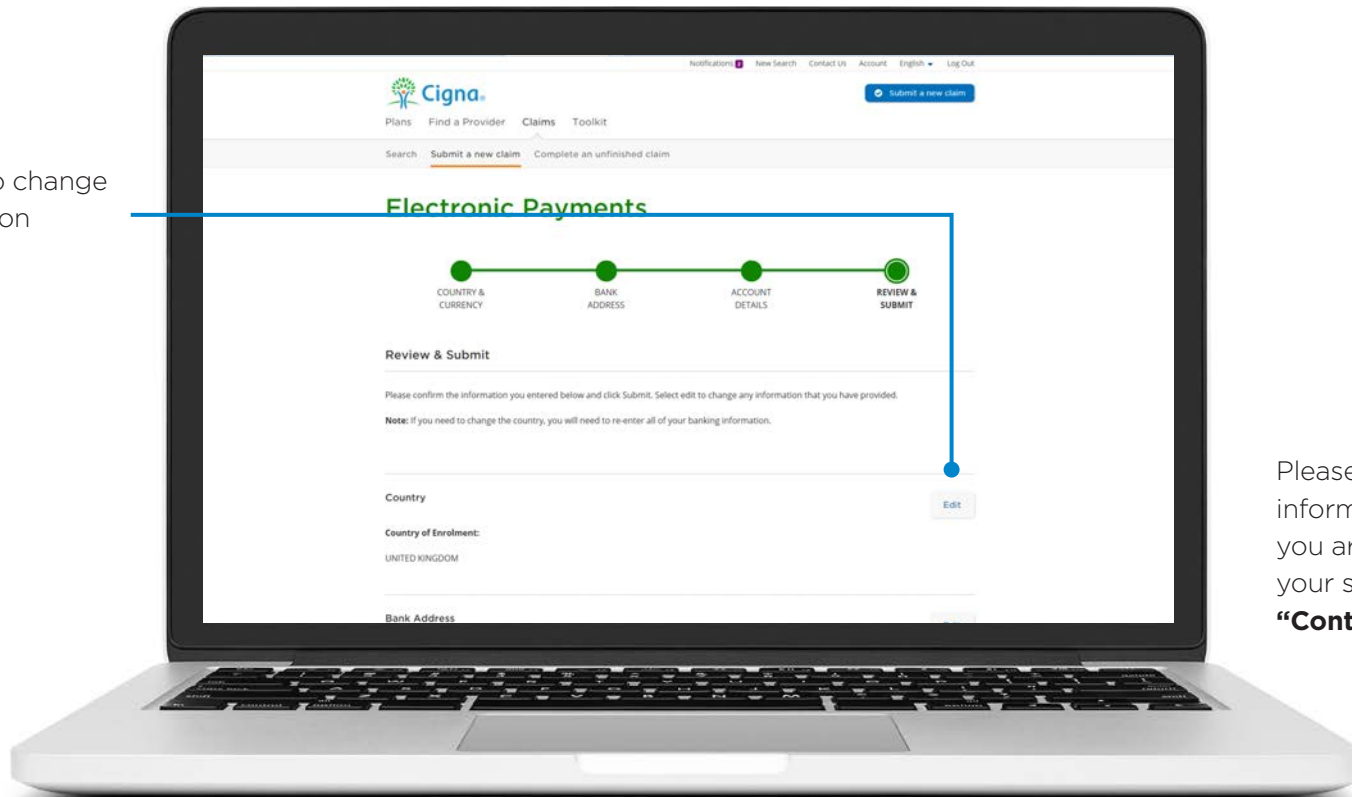
If you are unsure what is required click the “i” for helpful tips

Please check your bank details are correct and click **“Continue”**

Submit a New Claim

Review your submission and **check that all information is correct.**

If you need to change any information select **“Edit”**



Please review all information and if you are happy with your submission, click **“Continue”**

Submit a New Claim

Review your submission and **check that all information is correct.**

Please review all information and if you are happy with your submission, click **“Continue”**

The image shows a laptop screen displaying a web form titled "Complete Your Claim". At the top, there is a progress bar with five steps: CONTACT INFO, CLAIM DETAILS, PAYMENT DETAILS, ACCEPT TERMS, and REVIEW & SUBMIT. The first three steps are marked with green checkmarks, and the "PAYMENT DETAILS" step is currently active. Below the progress bar, the section is titled "CONFIRM PAYMENT DETAILS" and includes a note: "To be completed by the insured person or his/her legal representative." There are two buttons: "Add new bank details" and "Select bank details". Underneath, there is a section for "Electronic payments" with a dropdown arrow. The form contains the following fields and values:

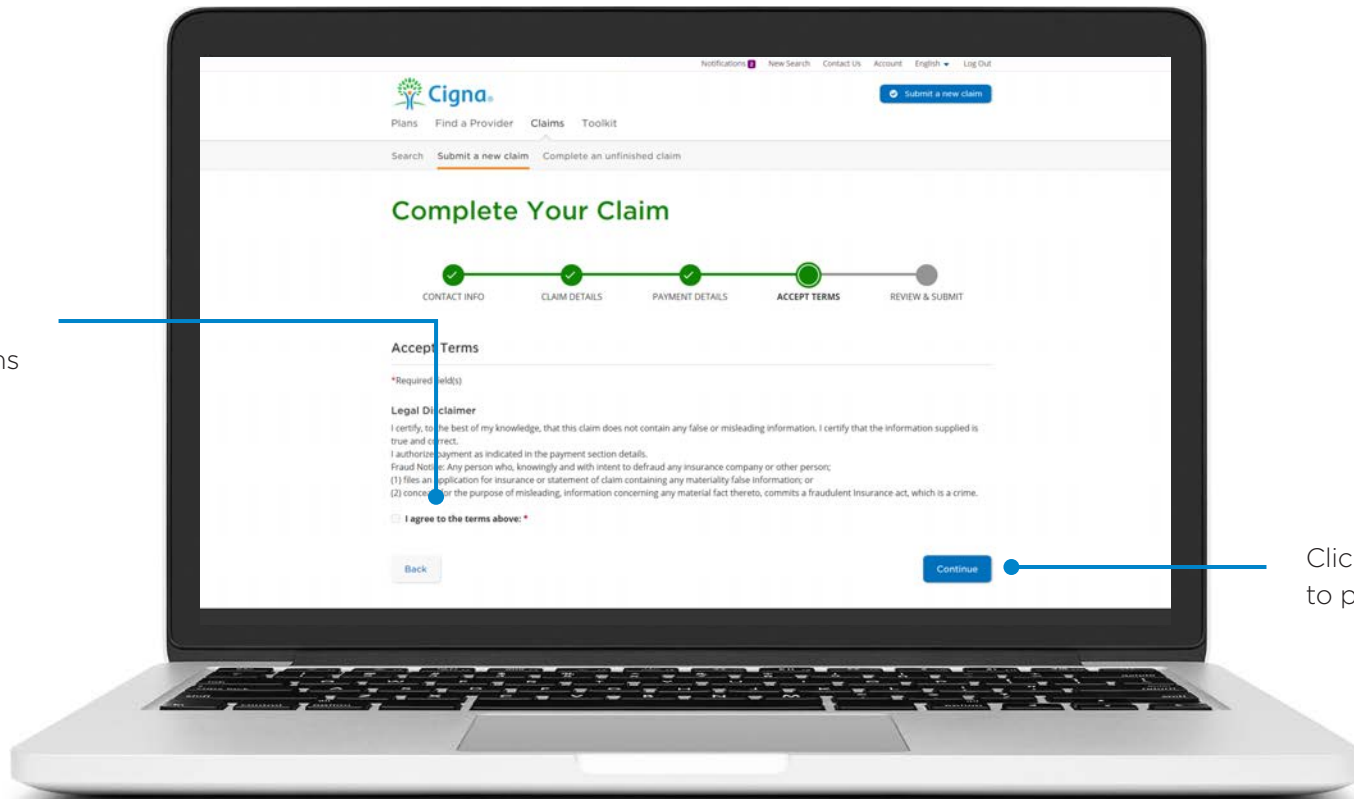
Beneficiary name	Test Member
Bank name:	Bank of UK
Bank address line 1	Test Address
Sort code	000000
Bank account number:	****0000
Bank account type	SAVINGS
Email address	trme0934date080219s@test.com
Currency:	UK POUND STERLING
Country	UNITED KINGDOM

At the bottom left of the form is a "Back" button, and at the bottom right is a "Continue" button. A blue line is drawn over the screen, starting from the "Continue" button and pointing upwards towards the "PAYMENT DETAILS" step in the progress bar.

Submit a New Claim

Accept the terms and click **“Continue”** to confirm the legal disclaimer.

Please read
and agree to
the legal terms



Click **“Continue”**
to proceed

Submit a New Claim

Review your submission and **check that all information is correct.**

Click **“Edit”** if you wish to make any changes

Claim Details							Edit
#	FAMILY MEMBER	DIAGNOSIS / SYMPTOMS	INCURRED COUNTRY	DOES YOUR CLAIM RELATE TO INPATIENT OR OUTPATIENT?	OTHER INSURER	OCCUPATIONAL ACCIDENT	PAYMENT TO
1	XXXXXX BDX ZQXXXX	Headache, sickness	UNITED KINGDOM	Inpatient	No	No	Member

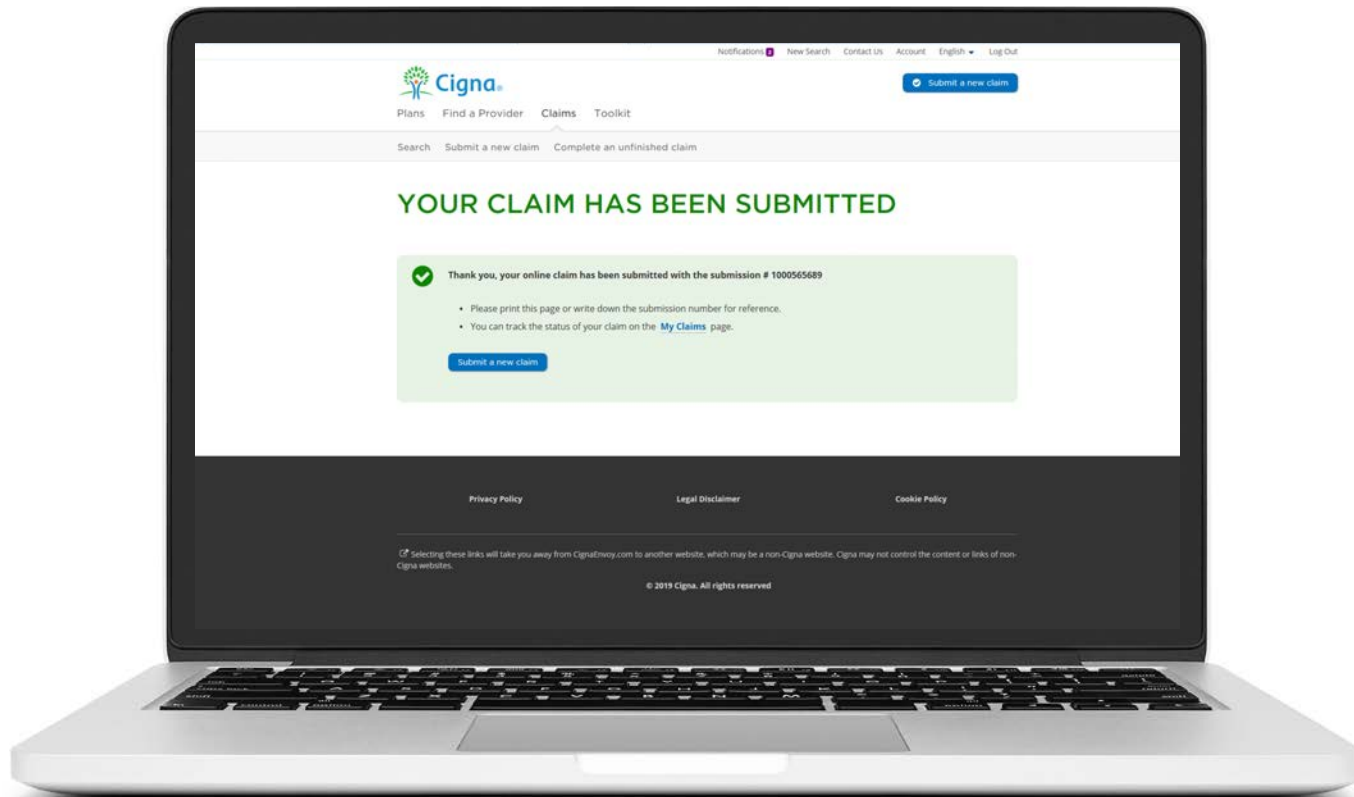
Payment Details		Edit
Beneficiary name	Test member 3	
Bank name:	BANK OF UK	
Bank address line 1	test address	
Sort code	000000	
Bank account number:	****0000	
Bank account type	SAVINGS	
Email address	time0934date080219@test.com	
Currency:	UK POUND STERLING	
Country	UNITED KINGDOM	

Back Continue

Please review all information and if you are happy with your submission, click **“Continue”**

Submit a New Claim

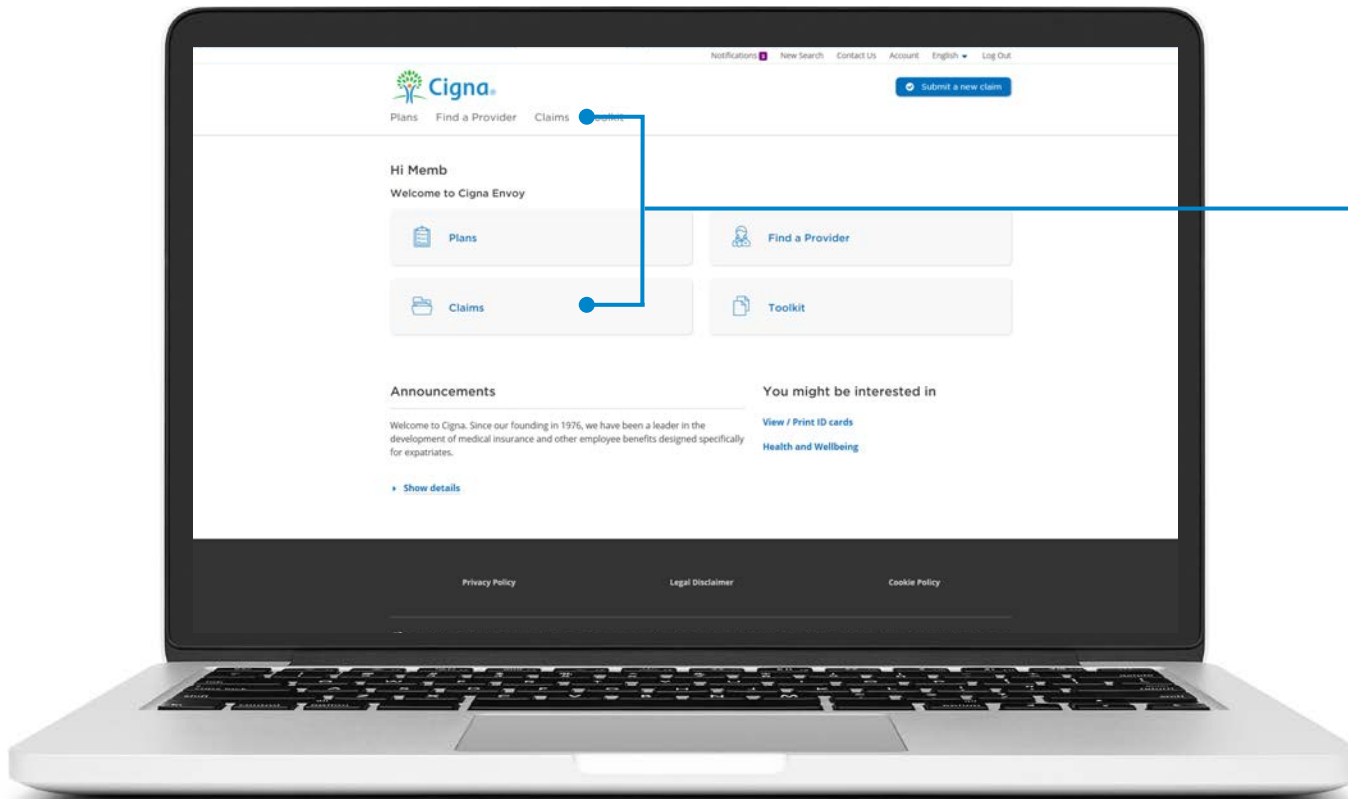
Congratulations! Your claim has now been submitted.



USER GUIDE

Check your Claim Status

How to check status of existing claims.



Click on
“Claims”

Check your Claim Status

“**Claims**” shows you the status of all recently submitted claims. You can narrow down the search results by using the filters available.

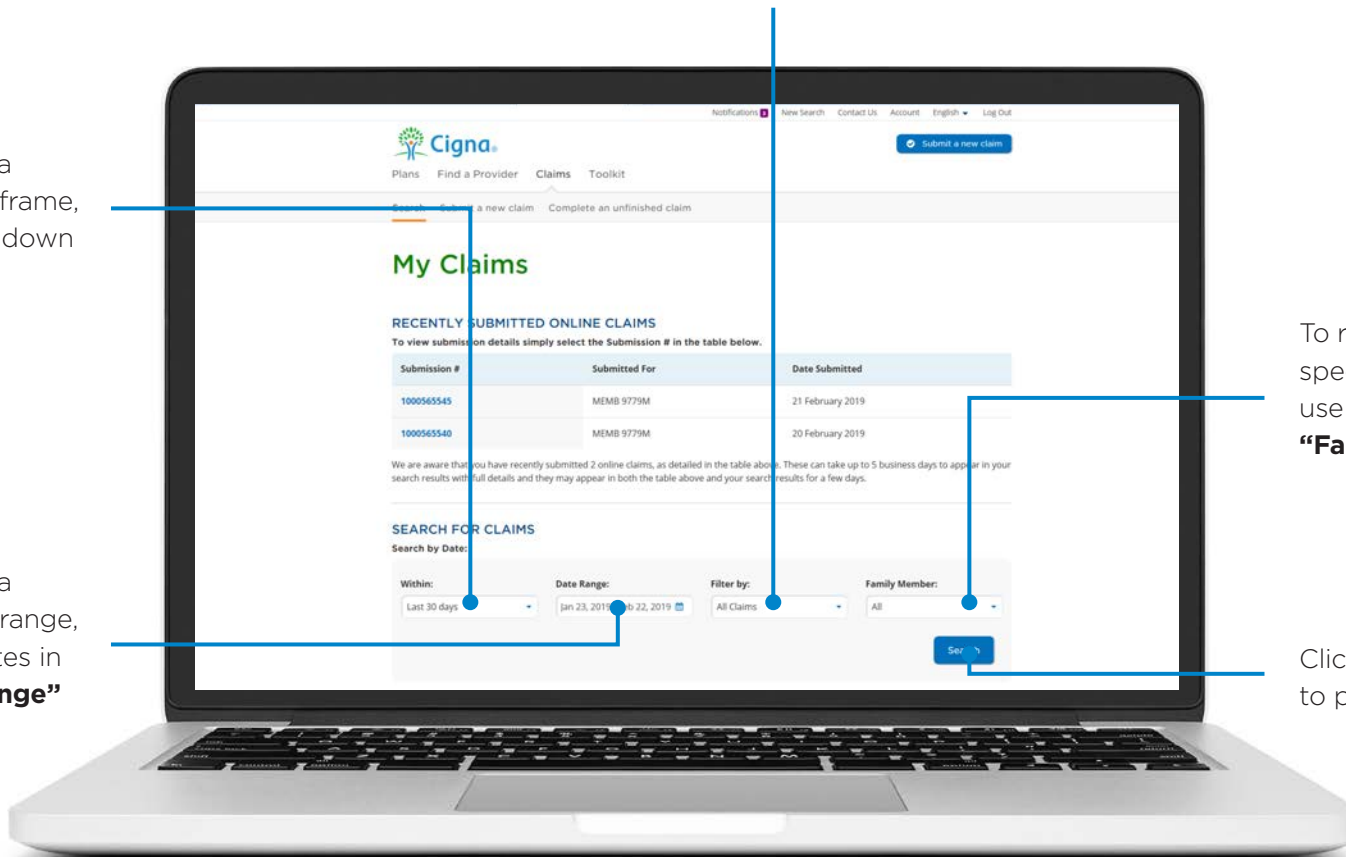
To review by a specific claim type, use the drop down “**Filter by**”

To review by a specific time frame, use the drop-down “**Within**”

To review by a specific date range, select the dates in the “**Date Range**”

To review by a specific person, use the drop-down “**Family Member**”

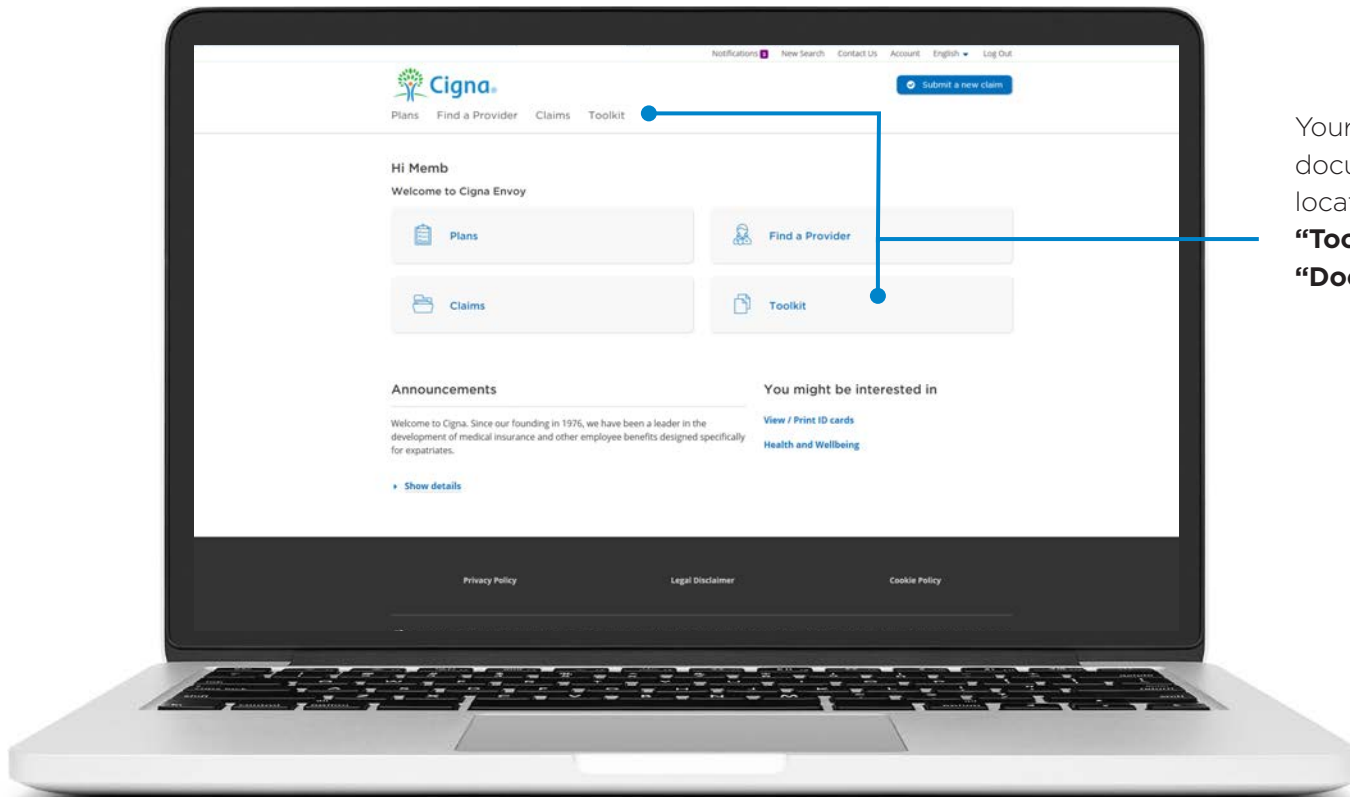
Click “**Search**” to proceed



USER GUIDE

Find your Policy Documents

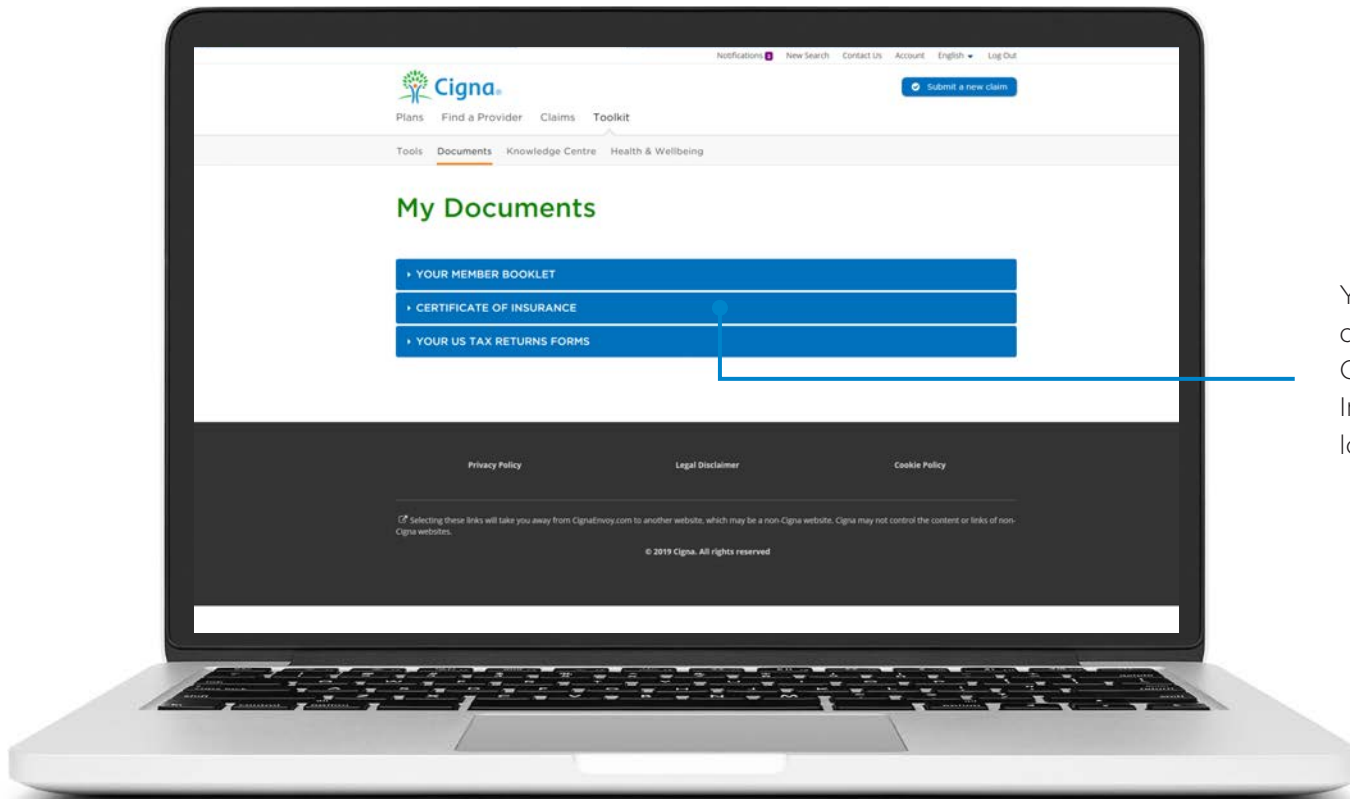
Your policy documents can be located in your **“Documents”** section under **“Toolkit”**.



Your policy documents can be located by selecting **“Toolkit”** and then **“Documents”**

Find your Policy Documents

You can access your policy booklet and other useful information.

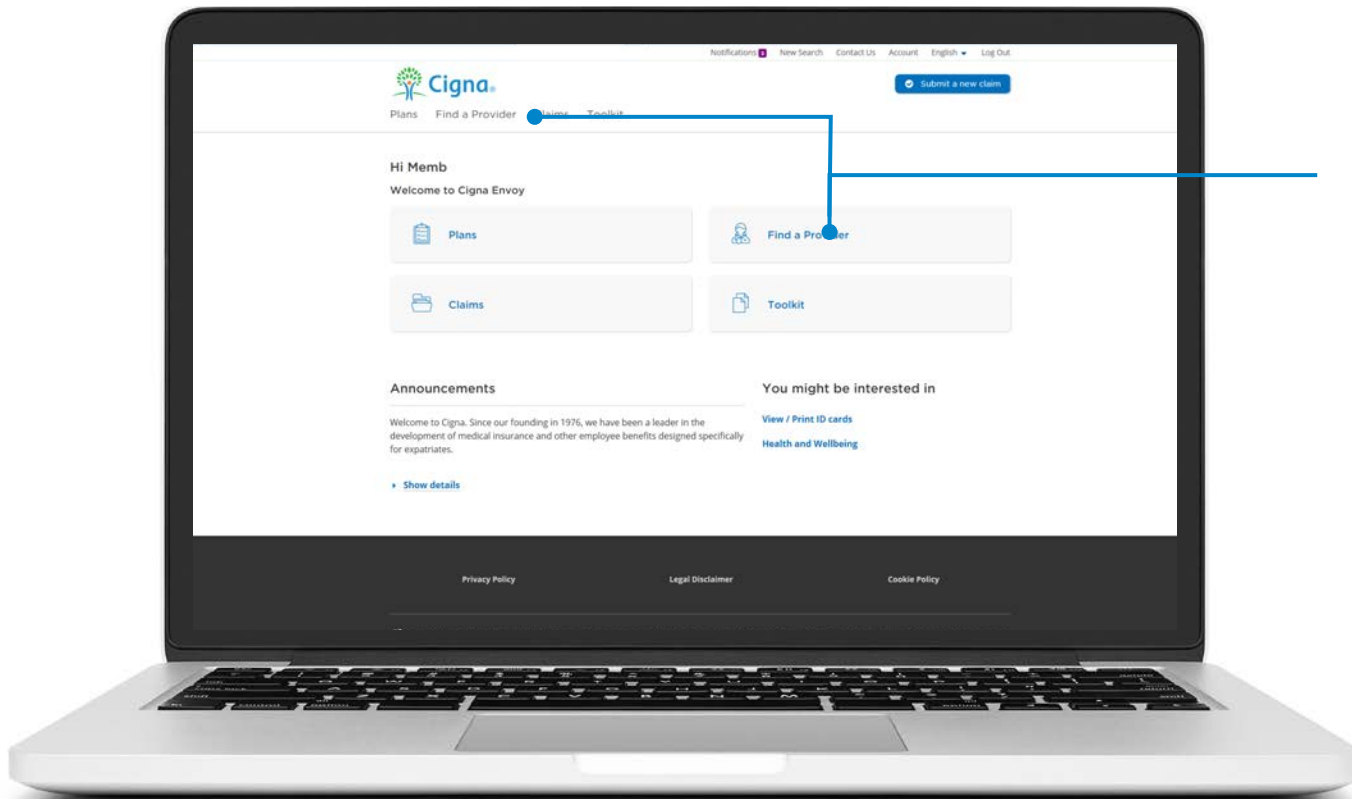


Your policy documents and Certificate of Insurance are located here

USER GUIDE

Find a Health Care Facility

To find health care locate providers within the Cigna network.

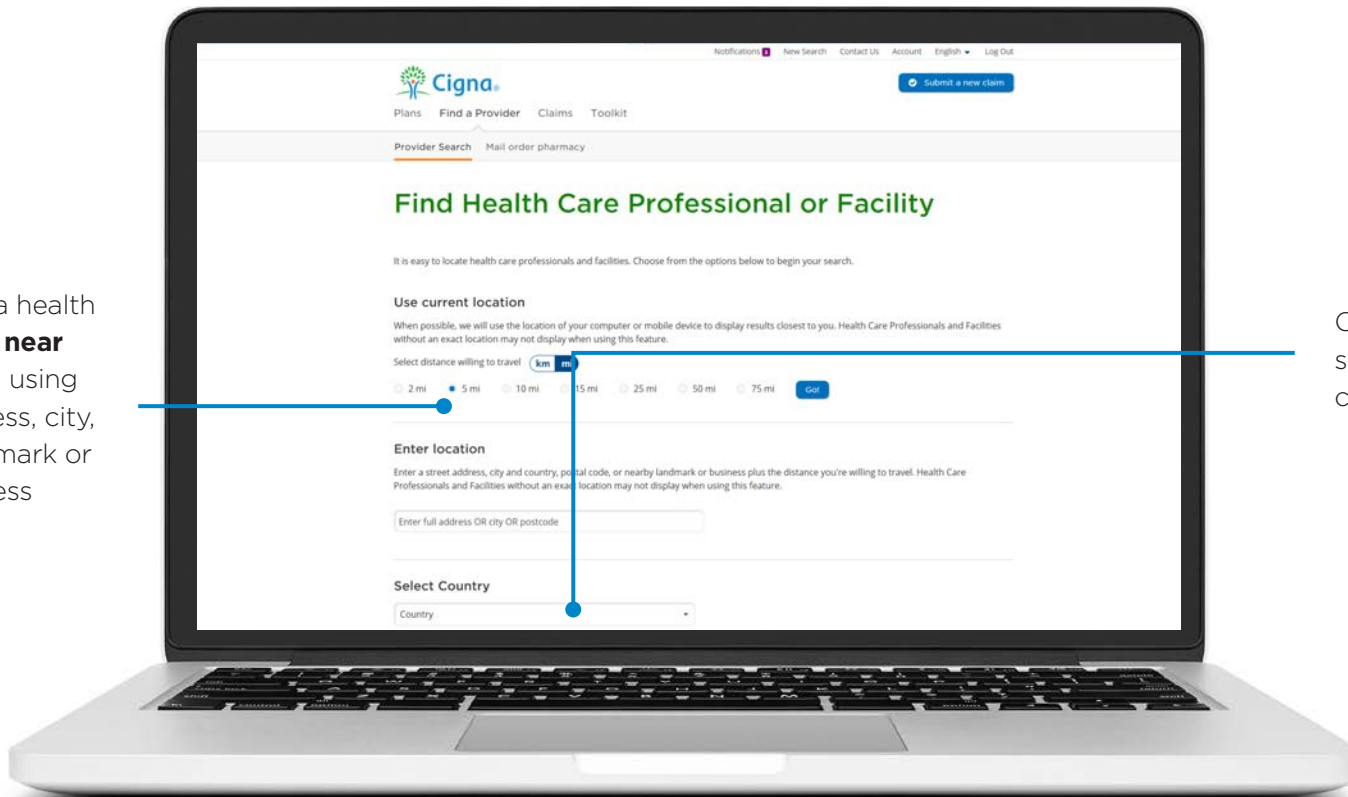


You can locate a health care provider near your location by selecting either **“Find a Provider”** here

Find a Health Care Facility

Enter location and/or country.

You can find a health care provider **near your location** using a street address, city, country, landmark or nearby business

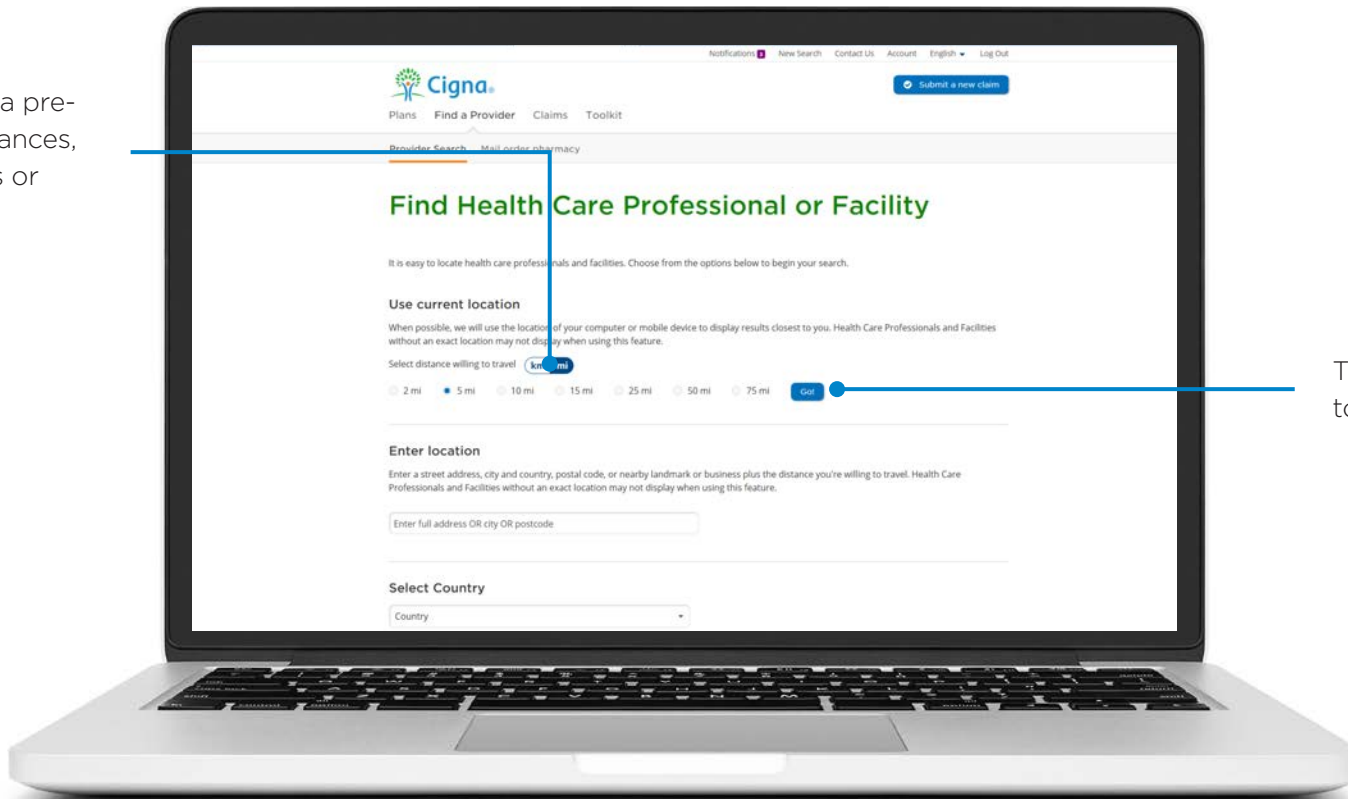


Or by selecting a country here

Find a Health Care Facility

Once location is entered, choose a maximum distance.

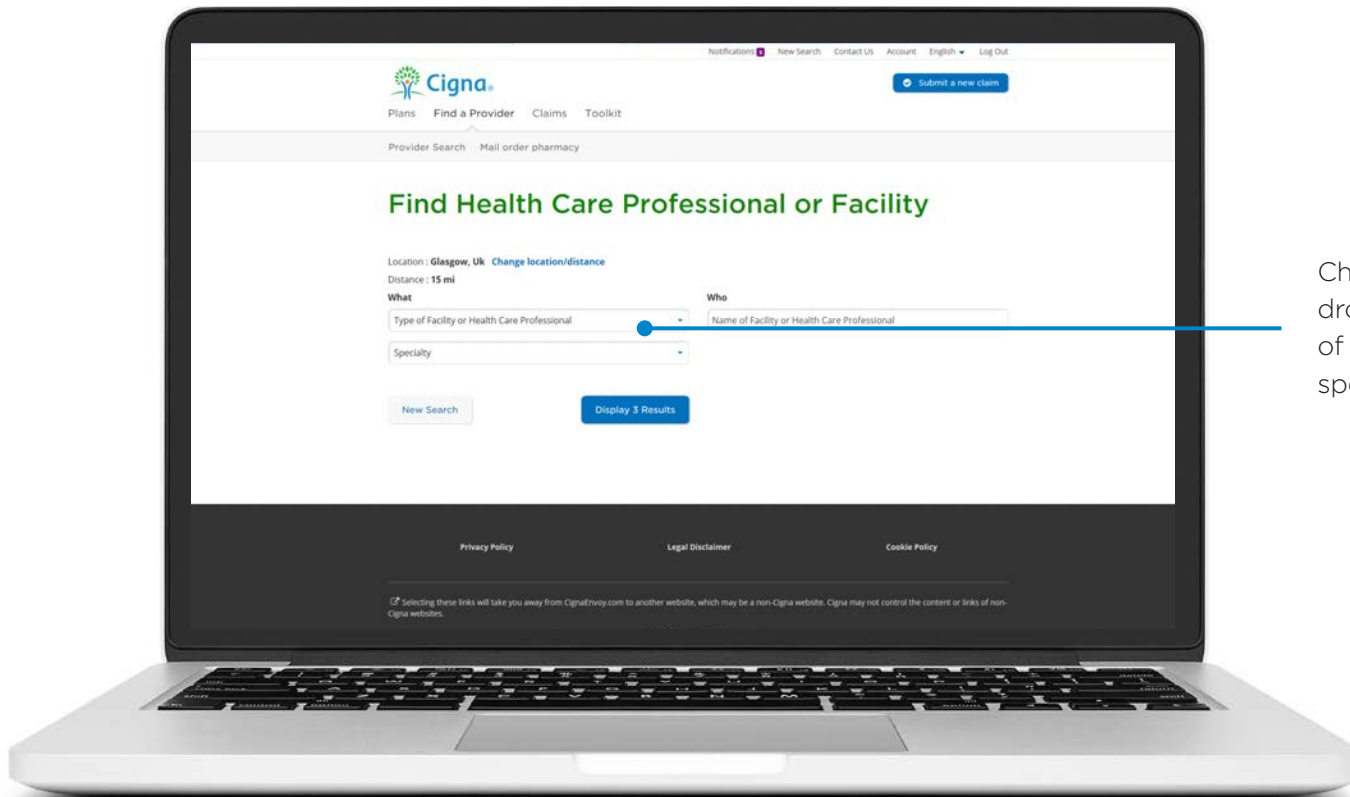
Choose from a pre-set list of distances, either in miles or kilometres



Then click **“GO!”** to proceed

Find a Health Care Facility

Choose type of facility, speciality or doctor's name.

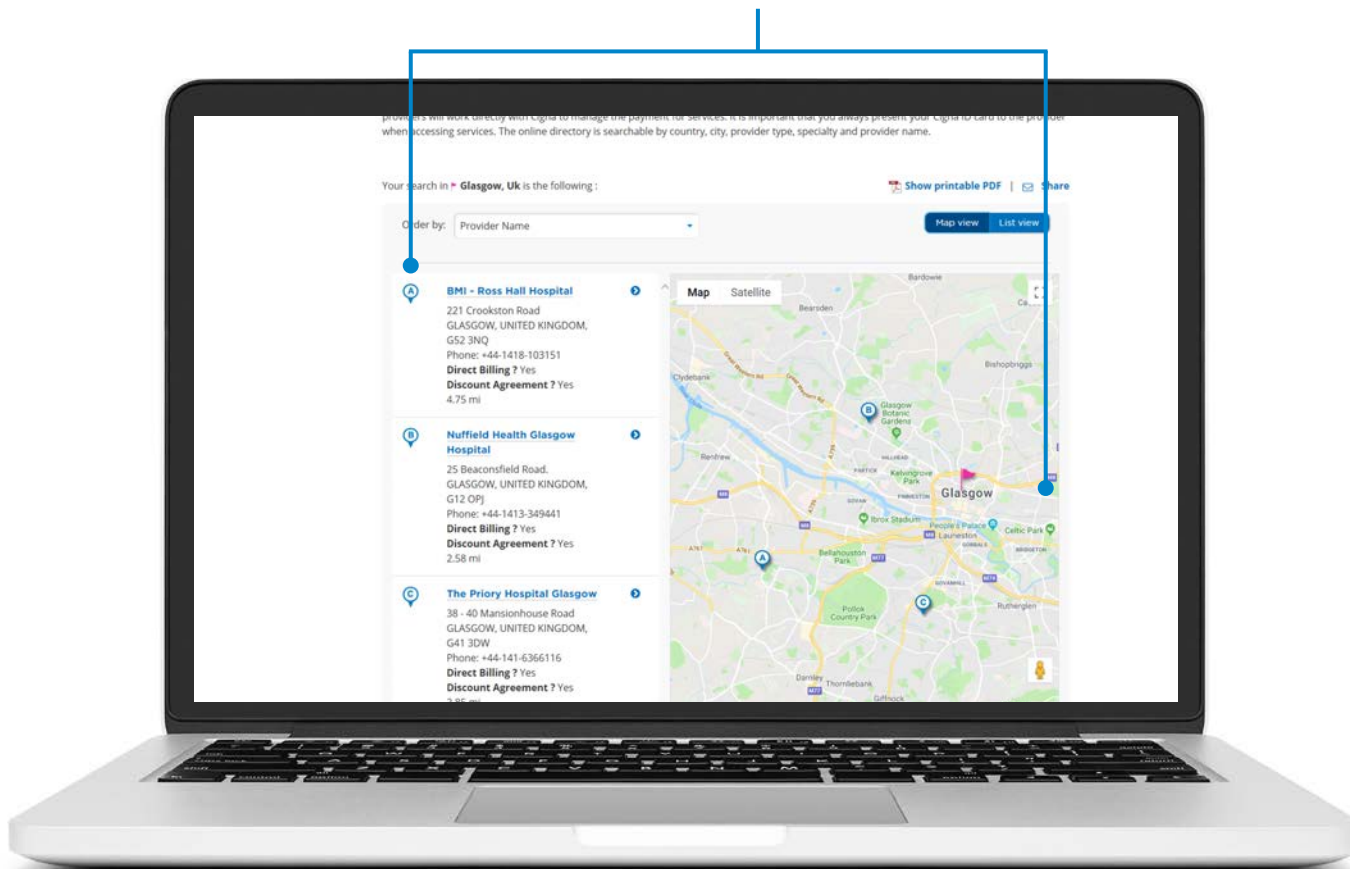


Choose from the drop down list of facilities or speciality

Find a Health Care Facility

The results of your search will be displayed.

The corresponding letter for each search result is shown on the map



CIGNA

Assistance

If you require any assistance regarding using Cigna Envoy please contact us.

INTERNATIONAL HELPLINE

+44 1475 492197

ASIA POLICY HELPLINE

+44 1475 551441

MIDDLE EAST POLICY HELPLINE

+44 1475 788618

The Cigna name, logo and other Cigna marks are owned by Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. "Cigna" refers to Cigna Corporation and/or its subsidiaries and affiliates. Cigna Life Insurance Company of Europe S.A.-N.V. Avenue de Cortenbergh 52, 1000 Brussels, Belgium. Cigna Life Insurance Company of Europe S.A.-N.V. (Registration Number 0421.437.284) is registered in Belgium with limited liability and authorised under licence number 0938, having its' registered office at Avenue de Cortenbergh 52, 1000 Brussels, Belgium. Subject to the prudential supervision of the National Bank of Belgium and to the supervision of the Financial Services and Markets Authority in the field of consumer protection. BE0421437284. Cigna Global Health Benefits' web-based tools, such as Cigna Envoy, are available for informational purposes only. These tools are not intended to be a substitute for proper medical care provided by a physician. The Apple App Store is a service mark of Apple Inc. Google Play and Google Maps are trademarks of Google Inc. Amazon App store is a trademark of Amazon.com Inc. The downloading and use of the app is subject to the terms and conditions of the app and the online stores from which it is downloaded. Mobile phone carrier and data charges may apply. © 2019 Cigna. All rights reserved.