



CIGNA ENVOY

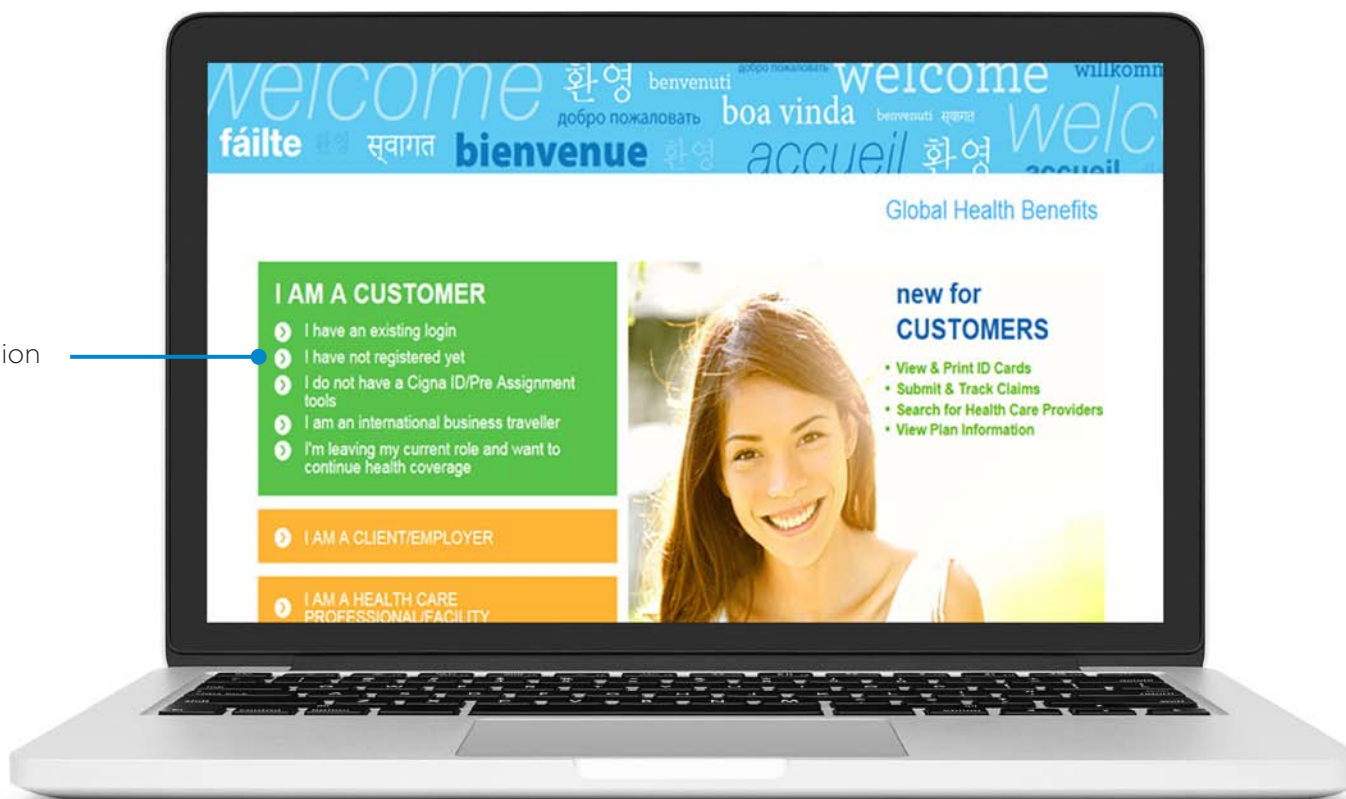
Registration and User Guide

USER GUIDE

Registration

To register for Cigna Envoy, from your web browser navigate to **www.CignaEnvoy.com** and select **“I have not registered yet”**.

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)

Registration Global Health Benefits

welcome bienvenue
bienvenue
welcome bienvenue
bienvenue bienvenue
30000888

YOUR "GO-TO" SOURCE FOR
YOUR HEALTH PLAN AND WELL-
BEING INFORMATION.



ENTER YOUR IDENTIFYING INFORMATION

Secure online account access is a few steps away. It will just take a minute!
To register, please provide the following information.

Note: First, be sure to have your Cigna card handy, as you will need it to register for the secure site.
[Don't have a Cigna ID Card?](#)

Please enter the first nine digits of your Cigna ID#.

Cigna ID #:

[Cancel](#) [Register](#)

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

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

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

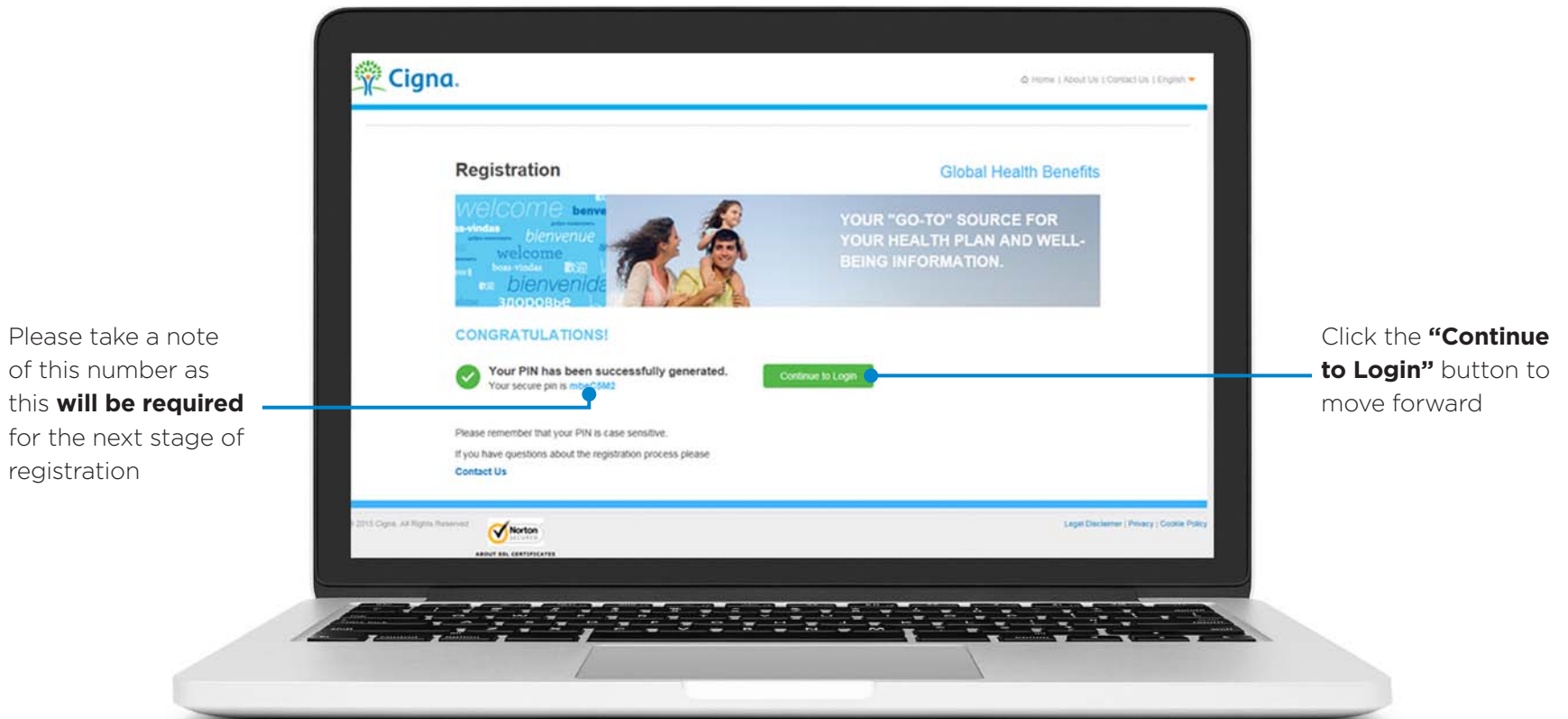
- MemberID Number:** 250010004
- First Name:** [Empty field]
- Last Name:** [Empty field]
- Date of Birth:** [Day] [Month] [Year]
- Policy Holder:** [Empty field]
- Don't have a Cigna ID Card?** [h4p3c3k3r0](#)
- Enter the digits above:** [Empty field]
- (Please type exactly what is shown above for security purposes.)
- Buttons:** Cancel, Register

A Cigna ID card is displayed as a reference, showing the following information:

- Policy Holder:** SHS4 INC
- Member Name:** G BLACK
- Member NO:** 234567890121401

Registration

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



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)

Registration Global Health Benefits

YOUR "GO-TO" SOURCE FOR YOUR HEALTH PLAN AND WELL-BEING INFORMATION.

STEP 1 OF 2 - CHOOSE YOUR SECURITY QUESTIONS

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.

*Required Field

Security Question 1:*
Answer 1:*
Security Question 2:*
Answer 2:*
Security Question 3:*
Answer 3:*
Email:*

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

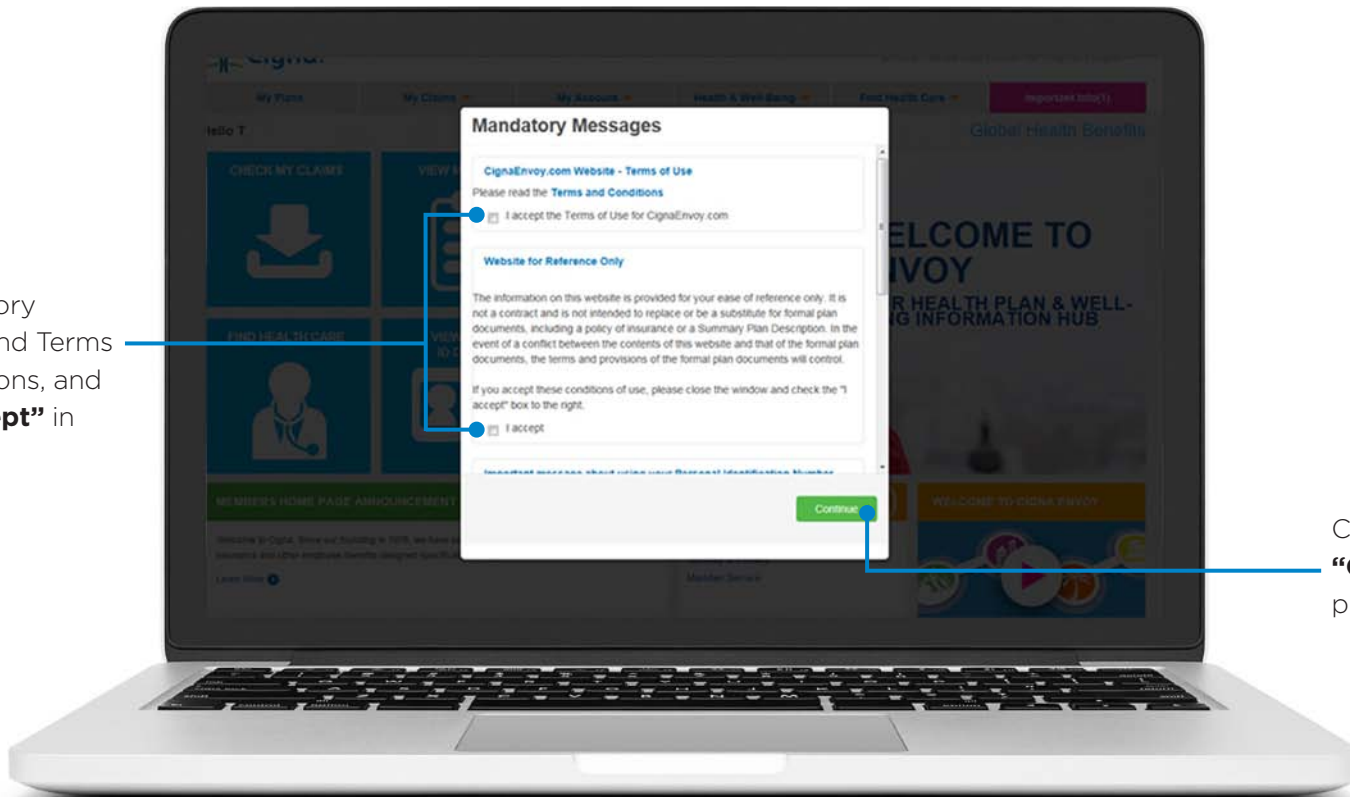
Please take note of password requirements

Click **“Continue”** to proceed

Registration

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

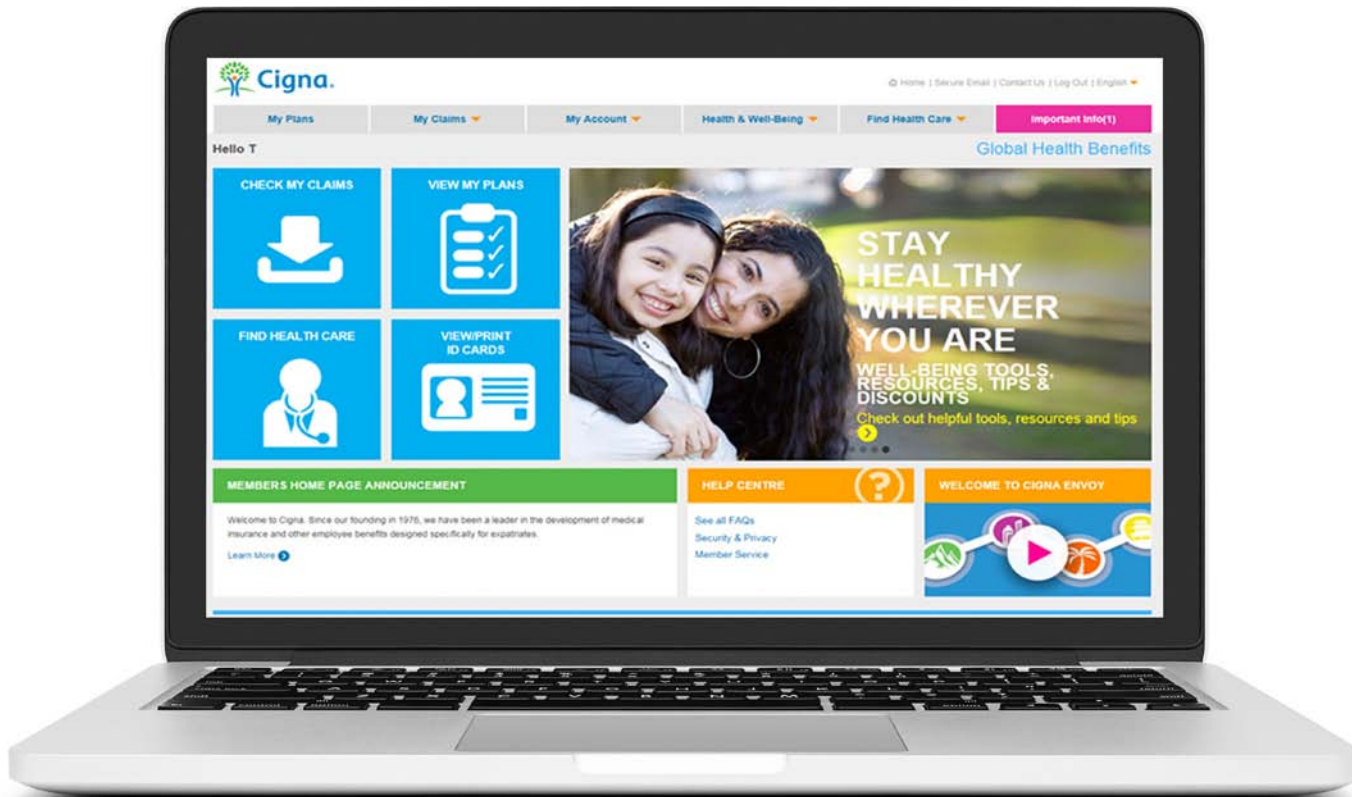
Please read the mandatory messages and Terms and Conditions, and click **“I accept”** in each area



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 on the **“My Claims”** drop-down box, then **“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

Click **“Continue”** to proceed

The screenshot displays a web interface for submitting a claim. At the top, a navigation bar includes links for CONTACT INFO, CLAIM DETAILS, PAYMENT DETAILS, ACCEPT TERMS, and REVIEW & SUBMIT. The main section is titled 'STEP 1: CONTACT INFORMATION'. It contains a form for contact details for 'T TEST', with fields for Name, Sign ID#, Mailing Address, Work Phone Number, Mobile Phone Number, and Email Address. Each field has an 'Edit' link next to it. Below the form is a table titled 'Current Eligible Members' with columns for NAME, RELATIONSHIP, and DATE OF BIRTH. The table lists 'T TEST' as a MEMBER with a birth date of 12 May 1990. Below the table is a button labeled 'ADD A NEW FAMILY MEMBER'. At the bottom left of the form area is a green 'Continue' button. On the right side of the screen, there is a green sidebar titled 'Submit Claims: Your Checklist' with a list of items to complete, and an orange sidebar titled 'CUSTOMER SUPPORT' with links to track claims and get help.

NAME	RELATIONSHIP	DATE OF BIRTH
T TEST	MEMBER	12 May 1990

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

Submit a New Claim

For each new claim, please tell us which family member it relates to.

From the list, select the family member that the claim relates to.

You will now be asked for additional information relating to this claim

1 CONTACT INFO

2 CLAIM DETAILS

3 PAYMENT DETAILS

4 ACCEPT TERMS

5 REVIEW & SUBMIT

STEP 2 | TELL US ABOUT YOUR CLAIM

*Required field(s)

Select claimant(s):

T. TEST

Back Continue

HELPFUL TIPS

- 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.

CUSTOMER SUPPORT

- Track claims with the Lining app
Download from Apple, Google or Amazon
- Need help?
Call +44 1475 492197 to speak with a Customer Service Representative
- You've got questions?
Check out FAQs

Click **“Continue”** to proceed

Submit a New Claim

Please complete each section fully and accurately.

Enter the medical diagnosis or reason for treatment here

Do you have insurance with another provider? Click “Yes” or “No” here

Browse your device and upload your claim invoices and documentation here

Who would you like us to pay? You, or directly to the service provider

Click “Continue” to proceed

Complete Your Claim

1 CONTACT INFO 2 CLAIM DETAILS 3 PAYMENT DETAILS 4 ACCEPT TERMS 5 REVIEW & SUBMIT

STEP 2 | TELL US ABOUT YOUR CLAIM

*Required fields

Select claimant(s): *

☒ T TEST

Diagnosis/Symptoms: *

Are you eligible for full or partial reimbursement for these expenses from another insurer? *

Yes No

Payment To: *

Provider Member

Attach Files: *

Browse Upload

You can upload following file types: pdf jpg png gif. Total size of uploaded files cannot exceed 6 MB.

Back Continue

HELPFUL TIPS

- You must submit accurate 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.

CUSTOMER SUPPORT

Track claims with the Every app
Download from Apple, Google or Amazon

Need help?
Call +84 1475 492197 or speak with a Customer Service Representative

We've got answers
Check out FAQs

Submit a New Claim

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

Click drop-down box to choose you **preferred payment method** (cheque, bank transfer or e-Payment Plus)

Click drop-down box to choose you **preferred payment currency**

Complete Your Claim

1 CONTACT INFO 2 CLAIM DETAILS 3 PAYMENT DETAILS 4 ACCEPT TERMS 5 REVIEW & SUBMIT

STEP 3 | CONFIRM PAYMENT DETAILS

(Required fields)
To be completed by the insured person or his/her legal representative

Payment Method: * Cheque

Currency: * Choose Currency

Cheque Edit

Name of Account Holder: T TEST
Mailing Address: TEST

Back Continue

GET YOUR PAYMENT FASTER

- Sign up for ePayment Plus and have your payments deposited directly into your account
- It takes only a few minutes to sign up
- You can update your payment information at any time

CUSTOMER SUPPORT

- Track claims with the Every app. Download from Apple, Google or Amazon
- Need help? Call +64 1475 492197 to speak with a Customer Service Representative
- We're not sure? Check out FAQs

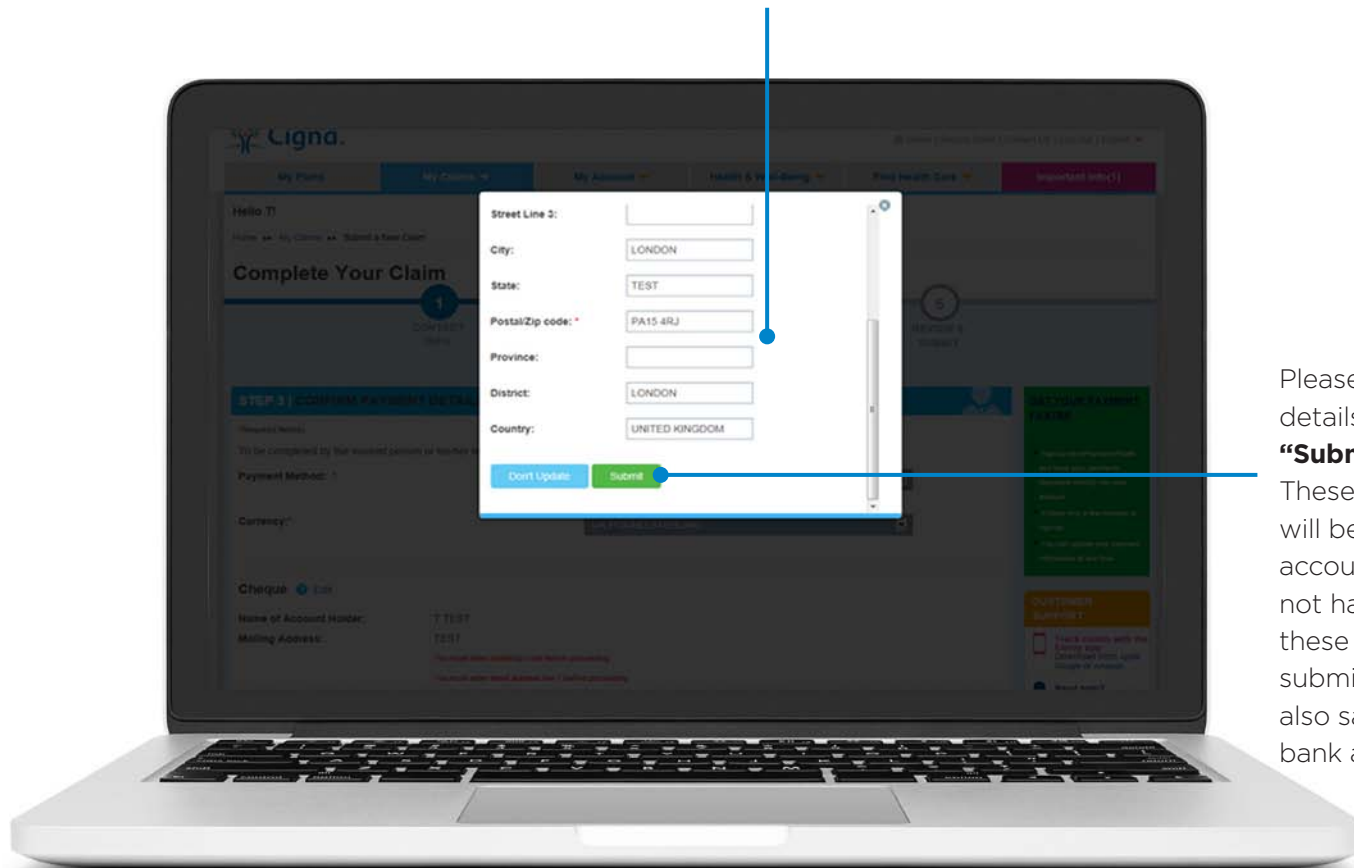
If you wish to be paid by cheque and have not already updated your address, click “Edit” here to make these changes

Click **“Continue”** to proceed

Submit a New Claim

Input your Bank Details.

If you select **bank transfer** or **ePayment Plus** as your payment option, you will be asked for your bank details here



The screenshot shows a laptop displaying the Cigna website. The main heading is "Complete Your Claim". A modal window is open, titled "Street Line 3:", with the following fields: City (LONDON), State (TEST), Postal/Zip code (PA15 4RJ), Province, District (LONDON), and Country (UNITED KINGDOM). At the bottom of the modal are two buttons: "Don't Update" and "Submit". A blue line points from the text above to the "Submit" button. The background of the website shows a progress bar with steps 1 through 5, and a sidebar with links like "My Plans", "My Claims", "My Account", "Health & Well-Being", "Find Health Care", and "Important Info".

Please check all details and click **“Submit”**. These bank details will be stored in your account. You will not have to re-enter these with each claim submission. You can also save multiple bank accounts

Submit a New Claim

Check and confirm your payment instructions.

Complete Your Claim

1 CONTACT INFO 2 CLAIM DETAILS 3 PAYMENT DETAILS 4 ACCEPT TERMS 5 REVIEW & SUBMIT

STEP 3 | CONFIRM PAYMENT DETAILS

(Required fields)

To be completed by the insured person or his/her legal representative:

Payment Method:

Currency:

Cheque [Edit](#)

Name of Account Holder: T TEST

Mailing Address: 1 MAIN STREET
LONDON
TEST
PA15 4RJ
LONDON
UNITED KINGDOM

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

GET YOUR PAYMENT FASTER

- Sign up for Affirm Payments and have your payments deposited directly into your account.
- It takes only a few minutes to sign up.
- You can update your payment information at any time.

CUSTOMER SUPPORT

- Track claims with the Linkmy app. Download from Apple, Google or Amazon.
- Need help? Call +44 1475 492197 to speak with a Customer Service Representative.
- We've got answers. Check out FAQs.

Please check all payment details and click **“Continue”**

Submit a New Claim

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

Home • My Claims • Submit a New Claim

Complete Your Claim

- 1 CONTACT INFO
- 2 CLAIM DETAILS
- 3 PAYMENT DETAILS
- 4 ACCEPT TERMS
- 5 REVIEW & SUBMIT

STEP 4 | ACCEPT TERMS

*Required field(s)

Legal Disclaimer
I certify, to the best of my knowledge, that this claim does not contain any false or misleading information. I certify that the information supplied is true and correct.
I authorize payment as indicated in the payment section details.
Fraud Notice: Any person who, knowingly and with intent to defraud any insurance company or other person;
(1) files an application for insurance or statement of claim containing any material false information; or
(2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

I agree to the terms above: ☒

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

CUSTOMER SUPPORT

- Track claims with the Envoy app. Download from Apple, Google or Amazon.
- Need help? Call +44 1475 492197 to speak with a Customer Service Representative.
- We've got answers. Check out FAQs.

I Want to...

- [View/Print ID Cards](#)
- [Check Claim Status](#)
- [Submit a New Claim](#)
- [Complete an Unfinished Claim](#)
- [Search for a Health Care](#)

Health & Well-Being

- [Find a Form](#)
- [Change Communication Preferences](#)
- [Update Mailing / Billing Address](#)
- [Enrol in ePayment #usa6](#)

Travel Assistance

- [Country Guides](#)
- [Drug Name Translations](#)
- [Medical Term Translations](#)
- [Medical Phrase Translations](#)
- [Pharmacy Information](#)

Help Centre

- [Contact Us](#)
- [Frequently Asked Questions](#)
- [Welcome to Cigna Envoy](#)

Submit a New Claim

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

STEP 5 | REVIEW & SUBMIT

Contact information [Edit](#)

Name: T TEST
Cigna ID#: 856010896
Email Address: t.test@test.com
Mailing Address: TEST

Claim Details [Edit](#)

#	FAMILY MEMBER	DIAGNOSIS / SYMPTOMS	INCURRED COUNTRY	OTHER INSURER	OCCUPATIONAL ACCIDENT	PAYMENT TO
1	T TEST	diabetes		No	No	Member

Payment Details [Edit](#)

Payment Method: Cheque
Currency: UK POUND STERLING
Name of Account Holder: T TEST
Mailing Address: 1 Main Street
test
pa145g
london
london
United Kingdom

[Back](#) [Submit](#)

WHAT TO EXPECT

- Your claim will be reviewed soon.
- You can check the status of your claim on the My Claims page within 5-7 days.
- If we need additional information from you, we will contact you directly.

CUSTOMER SUPPORT

Track claims with the Easing app. Download from Apple, Google or Amazon.

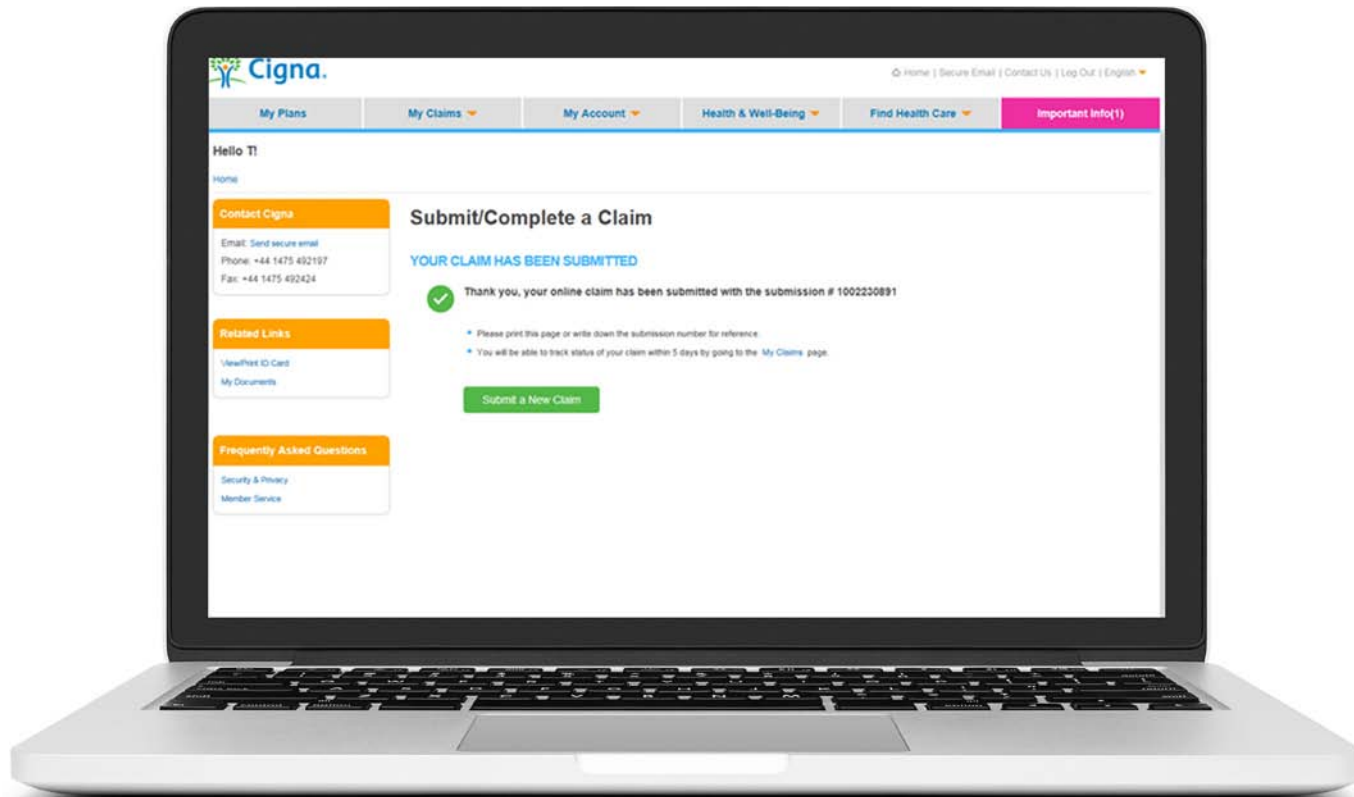
Need help? Call +44 1475 492197 to speak with a Customer Service Representative.

We've got answers. Check out FAQs.

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

Submit a New Claim

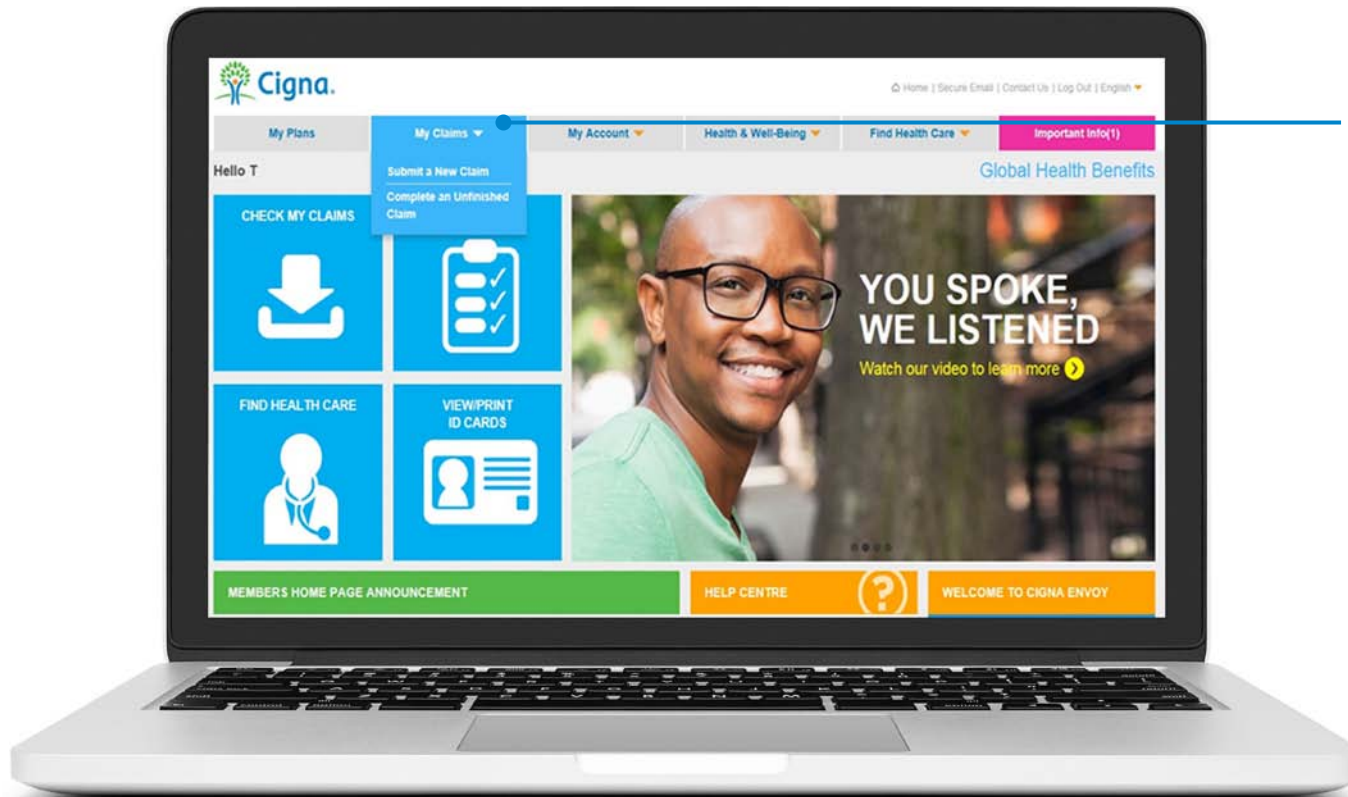
Congratulations! Your claim has now been submitted.



USER GUIDE

Check your Claim Status

How to check status of existing claims.



Click on “My Claims”

Check your Claim Status

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

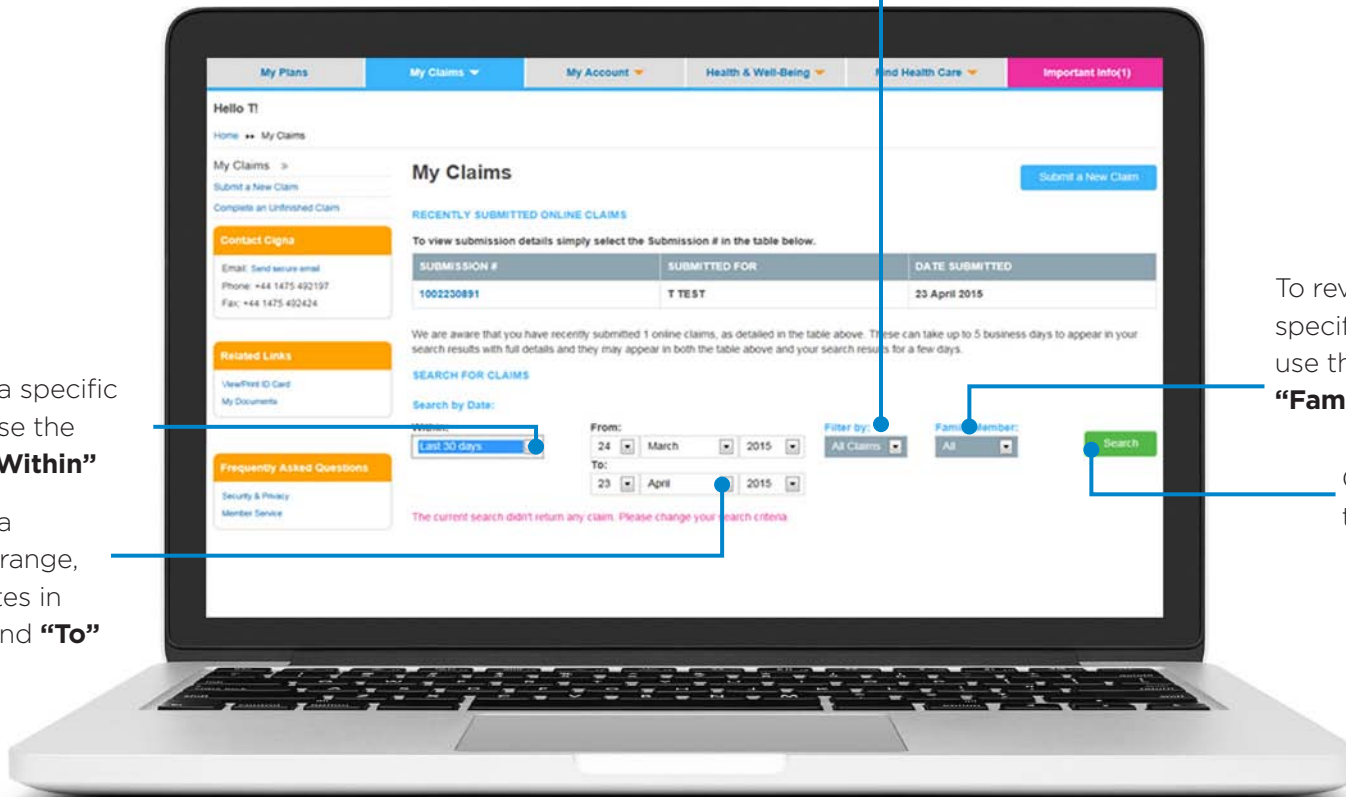
To review by a specific claim type, use the drop down **“Filter”**

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

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

To review by a specific date range, select the dates in the **“From”** and **“To”** fields

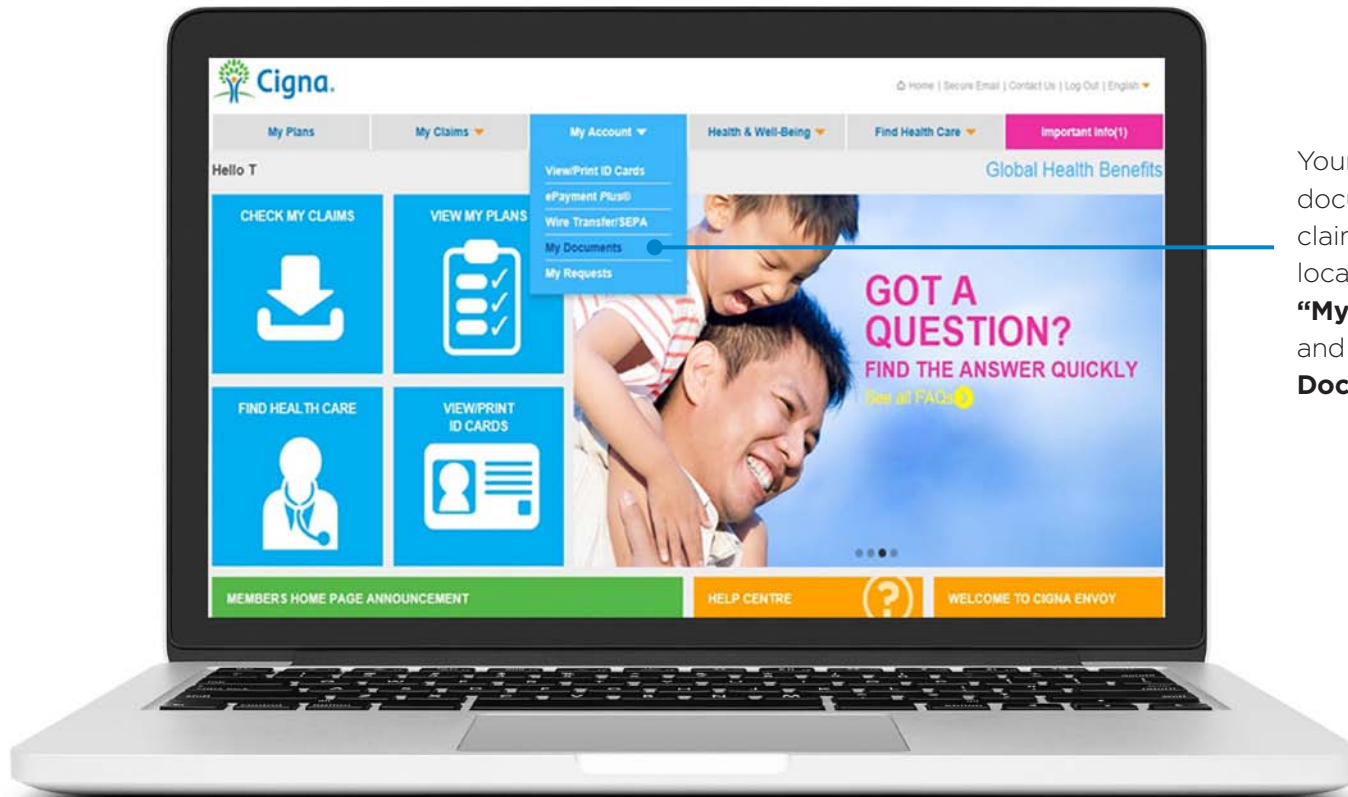
Click **“Search”** to proceed



USER GUIDE

Find your Policy Documents

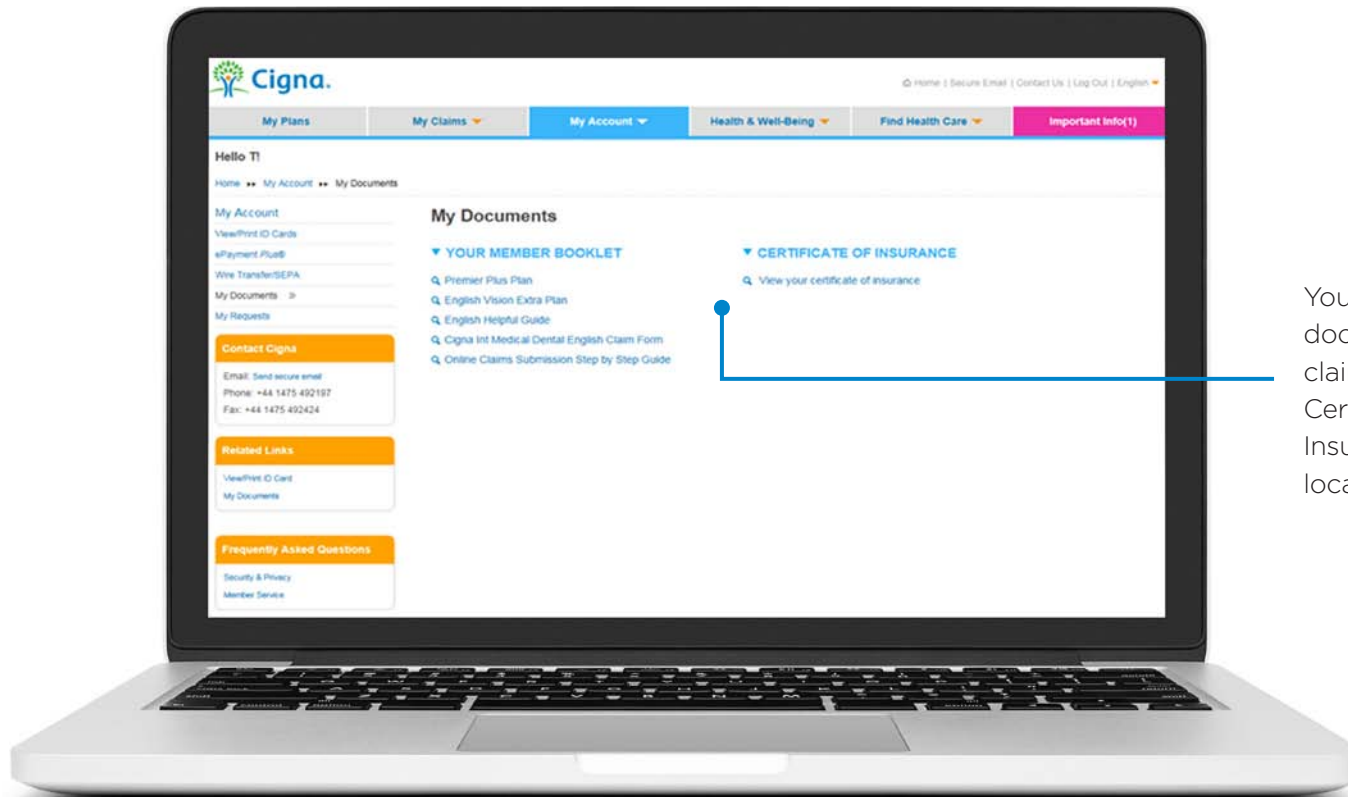
Your policy and claim forms can be located in your **“My Documents”** section under “My Account”.



Your policy documents and claim forms can be located by selecting **“My Account”** and then **“My Documents”**

Find your Policy Documents

You can access your policy booklet, claim form and other useful information.

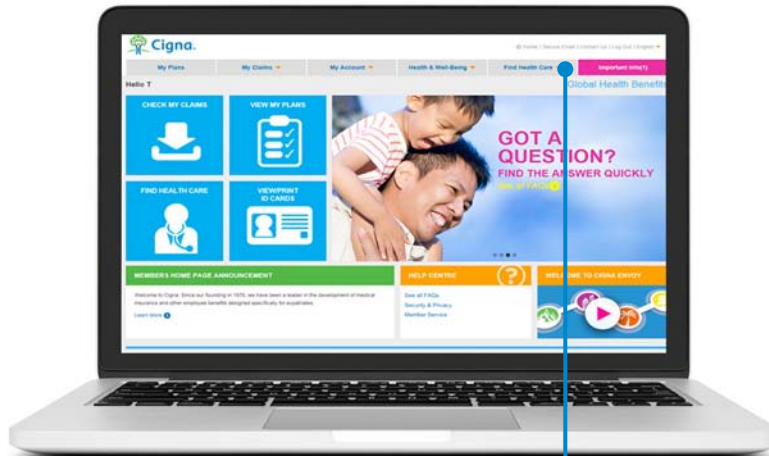


Your policy documents, claim forms and Certificate of Insurance are located here

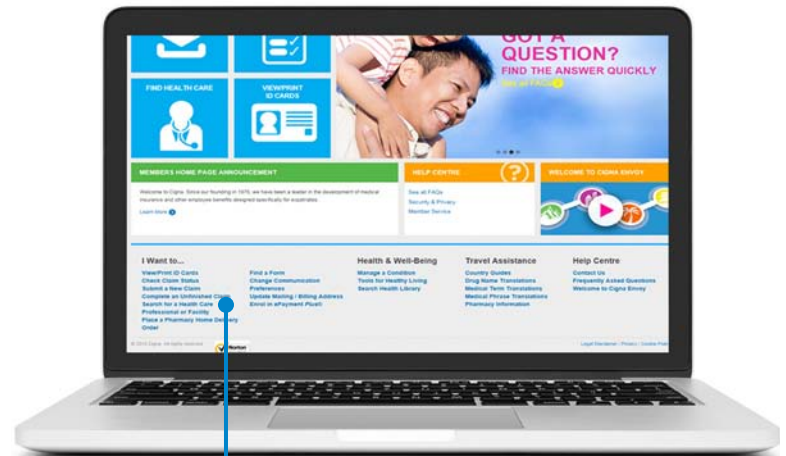
USER GUIDE

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 Health Care”** here

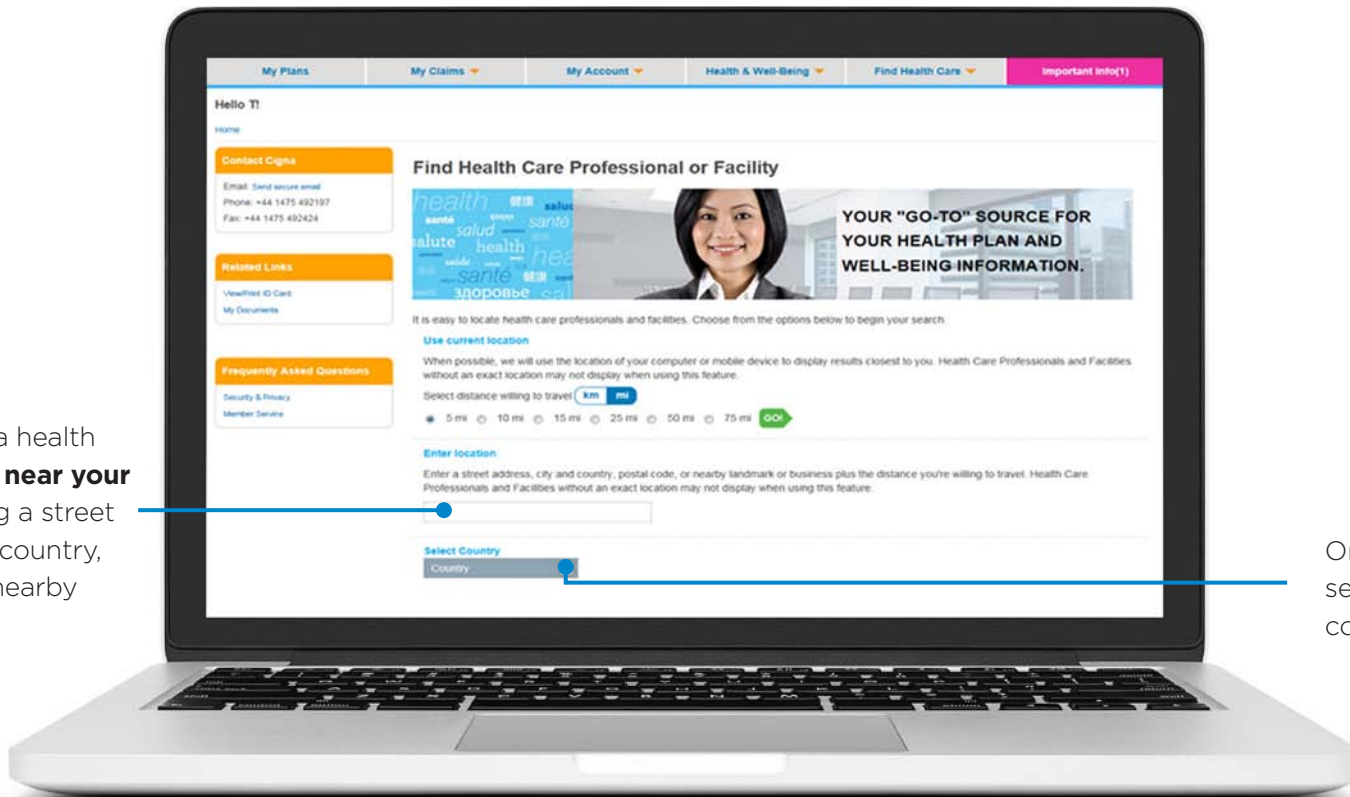


Or **“Search for a Health Care Professional or Facility”** here

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

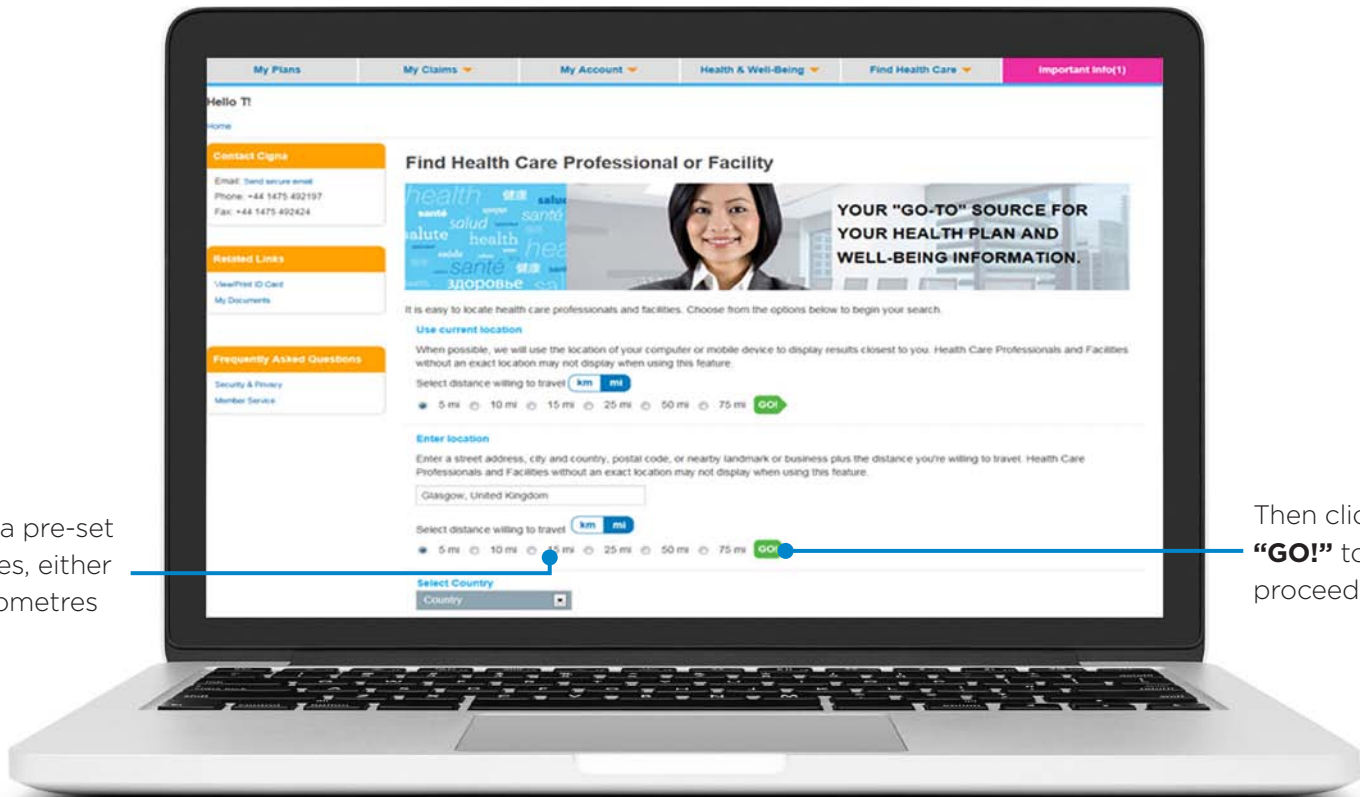


Or by selecting a country here

Find a Health Care Facility

Once location is entered, choose a maximum distance.

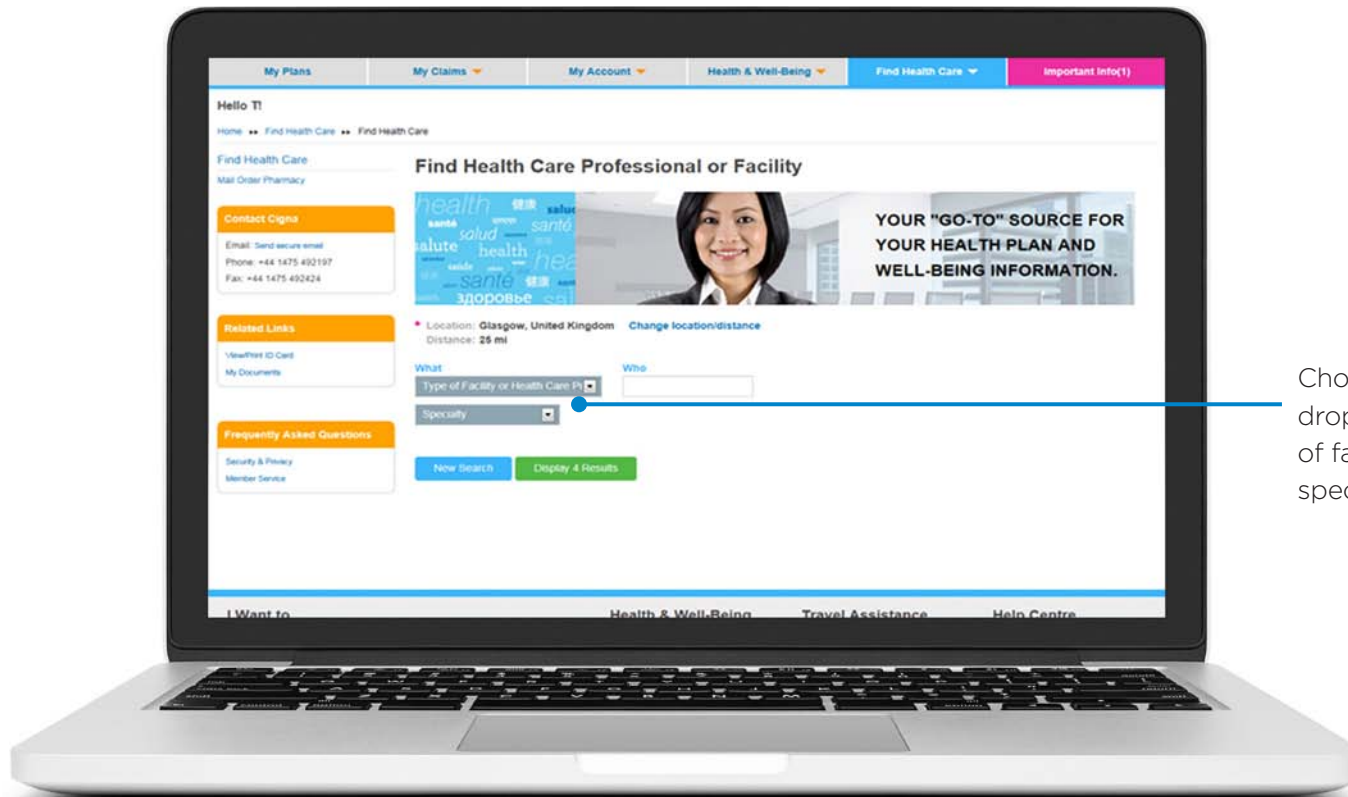
Choose from a pre-set list of distances, either in miles or kilometres



Then click **“GO!”** to proceed

Find a Health Care Facility

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

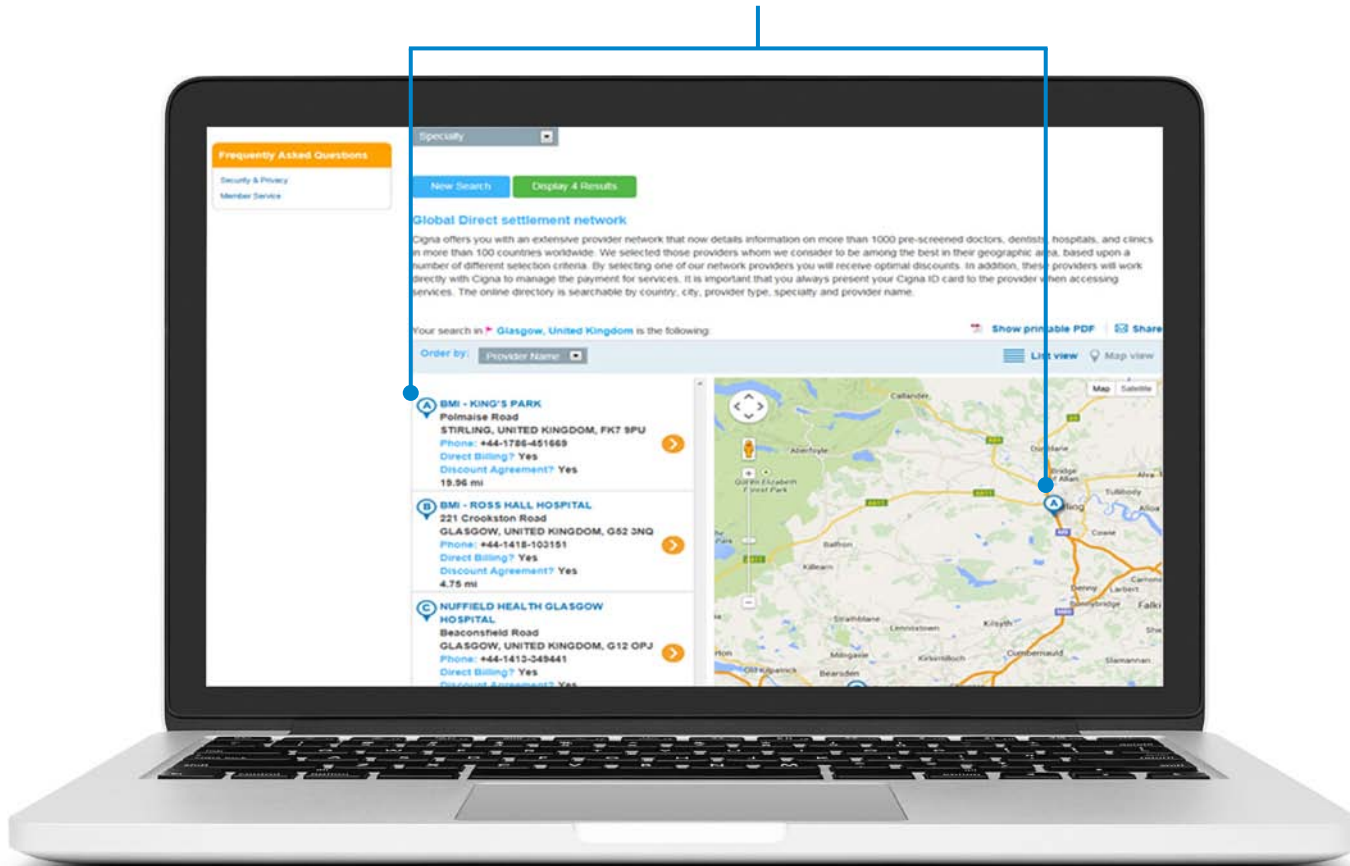


Choose from the
drop down list
of facilities or
speciality

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

