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SDCERS

401 West A Street, Suite 800

San Diego, CA 92101

# City of San Diego Cigna Election Form

Enrollment     Disenrollment

Employee Information				
Last Name		First Name		MI
Birth Date (MM/DD/YYYY) / /	Gender <input type="radio"/> Male <input type="radio"/> Female	Social Security Number		
Residential Address ( <input type="radio"/> This is a change of address)		City	State	Zip
Mailing Address (if different from residential address)		City	State	Zip
Home Phone	PCP ID #	Medicare ID Claim # (Required if Medicare Eligible)		
Medical Plan Options				
<b>Cigna Non-Medicare Plans</b>	<input type="radio"/> HMO <input type="radio"/> HMO Select <input type="radio"/> Open Access Plus	<b>Cigna Medicare Plans</b>	<input type="radio"/> HMO COB <input type="radio"/> Medicare Surround	
Enrolling Dependent Information				
Last Name		First Name		MI
Birth Date (MM/DD/YYYY) / /	Gender <input type="radio"/> Male <input type="radio"/> Female	Dependent Type <input type="radio"/> Spouse <input type="radio"/> Dependent	Social Security Number	
Residential Address ( <input type="radio"/> This is a change of address)		City	State	Zip
Mailing Address (if different from residential address)		City	State	Zip
Home Phone	PCP ID #	Medicare ID Claim # (Required if Medicare Eligible)		
Medical Plan Options				
<b>Cigna Non-Medicare Plans</b>	<input type="radio"/> HMO <input type="radio"/> HMO Select <input type="radio"/> Open Access Plus	<b>Cigna Medicare Plans</b>	<input type="radio"/> HMO COB <input type="radio"/> Medicare Surround	

Coverage Effective Date: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_