

CIGNA DATA PROTECTION DEVOLVED AUTHORITY CONSENT FORM



Cigna devolved consent form which allows you to nominate a third party to manage your healthcare/dental plan on your behalf.

In nominating a third party to act on your behalf, you consent to Cigna discussing your cover and benefits under the plan, and taking instruction from the third party to manage your plan benefits. You are providing explicit consent for the third party to discuss activities including arranging treatment and handling claims or ongoing claims. You are required to provide explicit consent because in undertaking these activities, the third party will have access to your personal data which includes sensitive medical information.

Complete information about how we will process your information, and how you can withdraw your consent to us processing your sensitive personal information, can be found in our Data Protection Notice at www.cigna.co.uk/privacy.html.

I () give consent, under Membership Number: as follows;

TICK AS APPROPRIATE	AUTHORITY LEVEL	
1	Total authority to act on my behalf for all matters relating to my healthcare/dental plan, including claims, whilst I remain a member of the plan	
2	Where you only want authority to be granted for a specific timeframe please indicate this below. The authority will only be in place for the timeframe you stipulate.	
	Total authority to act on my behalf from	
	Authority Start Date	
	Authority End Date	

Third party full name	
Third party relationship to member	
Third party date of birth	
1st line of third party address	
Third party post code	

Signed	
Print name	
Date	

I () agree that should the authority level change, I will contact Cigna to request a further form in order to make the required changes on my behalf.

Please return to email address UKHBcustomerserviceteam@Cigna.com.
Or alternatively by post to: Cigna Healthcare, 1 Knowe Road, Greenock PA15 4RJ.

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