



Dear NALC Health Benefit Plan Member:

CIGNA is committed to superior customer satisfaction. They are interested in receiving referrals from our members regarding provider(s) you are interested in and/or have a good relationship with and who deliver excellent care.

If you are aware of a provider you think might be interested in joining the network who is not currently contracted with CIGNA, please fill in the provider's name, address and telephone number on the lower half of this page and return the form to us here at the NALC Health Benefit Plan.

Upon receiving the information we will then submit it to CIGNA for possible consideration to the network. Please keep in mind the submission of the provider nomination form in no way guarantees they will be added to the network*. We will do our best to work with CIGNA to continue to expand their extensive network utilizing your suggestions as appropriate.

**NALC Health Benefit Plan
ATTENTION: Provider Nominations
20547 Waverly Court
Ashburn, VA 20149**

PROVIDER OR CLINIC NAME: _____

PROVIDER SPECIALTY: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

TELEPHONE: _____

Your Name (optional): _____
Last Name First Name

NALC Branch Number _____

*** Please note that CIGNA cannot approach or contract with all nominated providers. The following are a few examples of provider recruitment limitations:**

- *Providers must meet all credentialing and quality guidelines*
- *They may not be able to contract with a provider due to exclusivity provisions in another agreement or promises that they would not contract with every provider in their specialty in the service area.*
- *Providers need to accept their standard fee schedule offered to other providers in their area.*