



SALES PRESENTATION REPORTING FORM

INSTRUCTIONS: Complete this form for *each* CIGNA Medicare Services public marketing or sales meeting (such as health fairs, senior center presentations, etc.) and fax to 866-540-8335 or email to cignasalesmeeting@cigna.com prior to the 15th of each month for meetings taking place the following month.

1. PRODUCT(S) INFORMATION: Check *all products* that will be presented at the meeting

- CIGNA Medicare Access**, a Medicare Advantage Private Fee-for-Service product¹
- CIGNA Medicare Select Plus Rx**, a Medicare Advantage HMO Plan with Prescription Drug benefits²
- CIGNA Medicare Rx**, a Medicare Prescription Drug Plan³

2. AGENT INFORMATION:

CIGNA AGENT ID

<input type="text"/>	<input type="text"/>	<input type="text"/>
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AGENT LAST NAME

AGENT FIRST NAME

AGENT MI

3. MEETING INFORMATION:

<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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DATE (MM/DD/YYYY)

TIME

<input type="text"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
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VENUE NAME

VENUE PHONE NUMBER

DESCRIPTION OF VENUE (e.g., Sales event at senior center, health fair, etc.)

VENUE STREET ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>
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VENUE CITY

VENUE STATE

VENUE ZIP CODE

4. CONTACT PERSON INFORMATION:

<input type="text"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
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EVENT CONTACT PERSON

CONTACT PHONE NUMBER

CONTACT E-MAIL ADDRESS

¹ Available in select counties in AL, AR, AZ, CA, CO, FL, GA, HI, IL, IN, LA, MA, ME, MO, NC, NH, NM, NY, OH, OR, PA, SC, TN, TX, VA, VT, WA, WV

² Available in select counties in AZ

³ Available in all 50 states and the District of Columbia