# ELIGIBILITY AND CLAIMS DATA REPORTING OPT-IN FORM

**If you wish to consent, please complete, sign and return this form via email to:**

Denyse Bayer
State Compliance Reporting, Cigna Legal
At the following mailbox:
AllPayerClaimsDatabaseAPCD@Evernorth.com
Should you need to mail a hard copy of this form, please outreach to Denyse Bayer at (303)729-8460.

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☐ By checking this box, I affirm, as the Plan Sponsor, that our Plan is a self-insured group health plan subject to ERISA and that we consent to having the Plan's eligibility, claims, and health service data and information (including Protected Health Information as defined in 45 C.F.R. §160.103 and Personally Identifiable Information) submitted by Cigna to all applicable state reporting entities and/or databases. This consent applies to all of the Plan's Cigna products and policies. I understand that our Plan's data will be included going forward in the next reporting cycle and takes effect on the date this form is signed. I also understand that this consent applies to all states where All Payer Claims Database" (APCD) reporting is required to be submitted. Further, if I do not return this Opt-In form, I understand that our Plan's data will not be included for any of the states that require submission of the All Payer Claims Database" (APCD) reports.

_____
Plan Sponsor Name

_____
Plan Sponsor Representative Signature

_____
Plan Sponsor Representative Name & Title

_____
Date

**You may withdraw this consent at any time by giving at least 90 days advanced written notice to the address indicated above.**