

**CUSTOMER ACKNOWLEDGMENT FORM (CAF-1)
TRADITIONAL INSURED CASES**

CIGNA HealthCare



**To be completed by:
Customer and Field Sales**

Producer of Record:

Effective _____, I hereby acknowledge

Producer (Individual/Firm to Whom Compensation will be paid)

(% share if other than 100%)

Producer (Individual/Firm to Whom Compensation will be paid)

(% share if other than 100%)

to be designated the producer of record for _____
Customer Name

Account/Group Number

HMO Site (if applicable)

Authorized Customer Signature

Date

Authorized Customer Name (Print)

Customer Address

To comply with New York's four percent (4%) limit on compensation paid to brokers on HMO contracts, CIGNA HealthCare will not pay more than four percent (4%) commissions on HMO, POS (formerly CHA), POS Open Access and HMO Open Access products for membership covered by CIGNA Healthcare of New York, Inc.