Cigna Supplemental Benefits

Letter of Release

Attention: Cigna Supplemental Benefits Agent Contracting Department

I, _____ (Upline Agent Name),

release agent _____ (Agent's Name),

along with all agents within this agent's downline from my hierarchy with

_____ company(ies) effective on _____ (date).

Agent number(s) for agent being released: _____

I understand that any debit balance incurred by this agent, and all agents within the downline, on business written while the agent was under my hierarchy will remain in my hierarchy as per the Associate Agreement.

Signature of Upline Agent: _____

Date: _____

Return form to:

Cigna Supplemental Benefits
Attn: Agent Contracting
Fax: 888-832-4154
Email: CSBLicensing@Cigna.com