

Flu Shot Reimbursement Form

Flu shot reimbursement is available for members of the Cigna Health Plan. **MUST** be a member of the Cigna Health Plan.

Plan subscriber information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fill in the information below for each person who received a flu shot, including yourself. Attach additional forms if needed.

Name: _____ D

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ D

Address: _____

City: _____ State: _____ Zip: _____

Member signature:

Mail this form and a copy of your flu shot receipt(s) to:

