



# ADDRESS VERIFICATION FORM

Dear Participant:

You are a former employee of CIGNA Corp. who is entitled to an increased retirement benefit from the CIGNA Pension Plan as a result of the *Amara v. CIGNA* class action lawsuit. **It is very important that you confirm or update your address to ensure that you receive future notices about the payment of these retirement benefits.**

Please confirm or update your address in the space below and mail this form in the enclosed pre-paid envelope to: KCC Class Action Services, P.O. Box 43395, Providence, RI 02940-9577. The information you provide will be strictly confidential, but will confirm your current address.

----- (Please complete portion below) -----

### Check One or More

- The name and address information at the right is correct.
- The name or address as printed at the right is incorrect. I have made changes to correct the information in the box.
- If the former CIGNA employee is deceased, please supply spouse or beneficiary information below:

Date of death of former CIGNA employee:

\_\_\_\_\_

Beneficiary's name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Name or address corrections:

\_\_\_\_\_

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