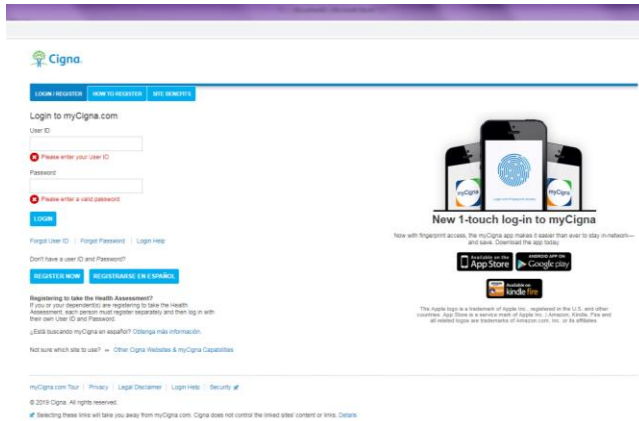
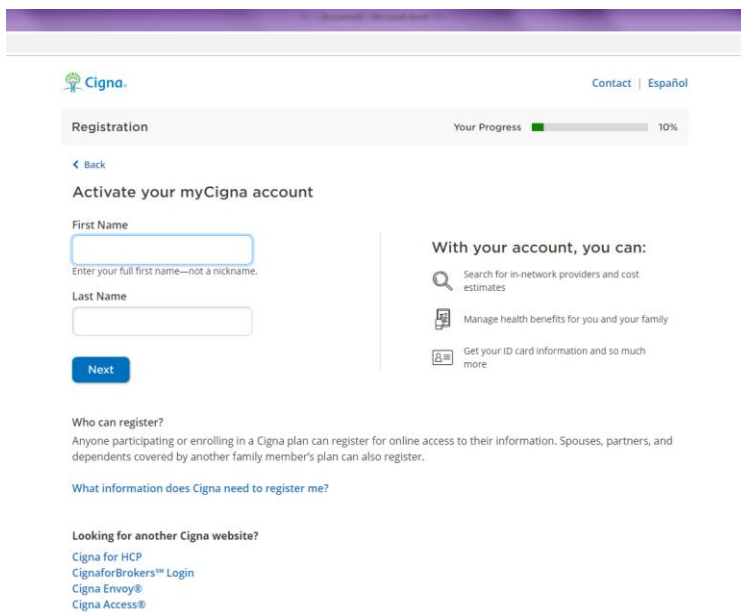


# Registering for mycigna.com as an EAP only customer

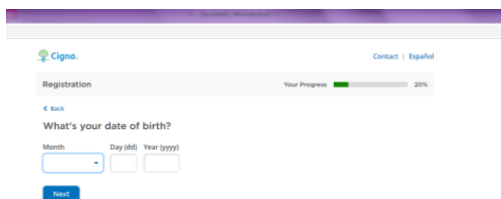
Step 1: www.mycigna.com → "Register now"



Step 2: Name



Step 3: DOB



## Step 4: Zip Code

The screenshot shows the Cigna registration progress bar at 35%. The question is "What's your home ZIP code?". There is a text input field for the ZIP code. Below the field, it says "Recently moved? We may have your previous ZIP code on file." and a "Next" button.


## Step 5: Select registration type. For EAP only, select: *I want to register for the Employee Assistance Program only*

The screenshot shows the Cigna registration progress bar at 50%. The question is "What best describes you?". There are four radio button options: "I'm the Subscriber", "I'm a Dependent", "I'm a Cigna-HealthSpring Customer", and "I want to register for the Employee Assistance Program ONLY" (which is selected). There is a "Next" button and a section for "Looking for another Cigna website?" with links to Cigna for HCP, CignaforBrokers™ Login, Cigna Envoy®, and Cigna Access®.

## Step 6: Confirm Your Identity

The screenshot shows the Cigna registration progress bar at 65%. The question is "Confirm Your Identity". Below the question, it says "To give you access to EAP benefits, we need a little information from you." There are two input fields: "Employer Name or ID" and "Your Relationship to the Employee". There is a "Next" button.

## Step 7: Choose Security Questions

 Con

Registration Your Progress

[← Back](#)

**Choose your security questions**  
Make sure your answers are easy for you to remember, but hard for others to guess.


Security Question 1 (select)

Your Answer

Security Question 2 (select)

Your Answer

## Step 8: Create Account

 Contact | Español

Registration Your Progress  90%

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**Create Your myCigna Account**  
We were able to verify your identity. Now, let's create your myCigna account.

Username [Check Availability](#)

- 4-32 characters (no symbols or spaces)
- At least 1 letter

Password [Show](#)

- 6-12 characters (no spaces)
- At least 1 number
- At least 1 letter

Accepted symbols: \_ ! , & @

Confirm Password [Show](#)

Email Address

Confirm Email Address

Mobile Phone Number (optional)

[Read and Accept the Terms & Conditions](#)

We'll use your email to help reset your password or retrieve your username. You may also choose to use it for other communications.  
By entering your mobile phone number you acknowledge that you wish to receive calls or texts regarding your plan benefits, programs, systems, and services from Cigna or its affiliates at the telephone numbers provided. You can modify your phone preferences at any time.