



# FAX COVER SHEET

To:	Enrollment Department	From (Agent Name):	
Fax:	<b>1-888-554-7668</b>	Agent Writing Number (AWN):	
Phone		Agent Fax Number:	
# of Pages		Agent Phone Number:	
Beneficiary Name		Agent Email Address	
Date Application Received:		Proposed Effective Date:	

☐ New Enrollment

☐ Change to current enrollment

**Please Limit Communication to One (1) Application Per Fax Transmission.**

REMARKS:

Fax Confidentiality Notice: The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the attached material is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error please notify us immediately by telephone at 412-577-5449.