

To:	From (Agent Name):
Telephone #:	
FAX Number:	Company Affiliation:
Today's Date and Time of Day:	Agent Writing Number (AWN):
# of pages including this cover sheet:	Agent Telephone Number
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Do not include any PHI on a fax cover sheet. All information above must be completed. LIMIT EACH FAX TRANSMISSION TO ONE (1) ENROLLMENT APPLICATION ONLY

Check one of the following:

- New Enrollment
 Plan Change
 Other

Remarks:








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2017 Plan Year Enrollment Application Submission Guidelines

Check with your manager or up line for preferred enrollment application submission method based on specific plan. If advised to send paper applications directly to UnitedHealthcare, refer to the information below and send application to the appropriate enrollment center, based on plan type. Use the "Preferred Submission Method" column whenever possible.

Ensure each enrollment application is complete, accurate, and legible.

Submit applications within 24 hours of receipt.

Plan Name	Preferred Enrollment Application Submission Method	Non-preferred Enrollment Application Submission Method (Use if fax is not an option)	Scope of Appointment Instructions
 UnitedHealthcare Medicare Advantage (MA) and Prescription Drug Plans (PDP) Includes: <ul style="list-style-type: none"> • AARP-branded MA and PDP (all) • UnitedHealthcare-branded MA and PDP (all) • Care Improvement Plus-branded MA (all) • Chronic SNP (all) • Dual SNP: AL, CO, FL, GA, HI, NJ, NM, NC, OH, TX, WA, Washington D.C., WI (only H5253-024, H3794-002) and PA (only H3313-009) 	Fax** to: 1-501-262-7070 or 1-866-994-9659	Overnight delivery* to: UnitedHealthcare Medicare Enrollment Attn.: Xerox/ACS 3315 Central Avenue Hot Springs, AR 71913	Fax Scope of Appointment form to: 1-866-994-9659
			
 Sierra Spectrum Plan Use this information for <u>2017</u> Effective Dates Only (See page 2 for 2016 effectives)			
 Medica HealthCare Plans Use this information for <u>2017</u> Effective Dates Only (See page 2 for 2016 effectives)			
 Symphonix PDP Use this information for <u>2017</u> Effective Dates Only			
 UnitedHealthcare DSNP NY (H3387-010), TN (H0251-002)	Fax** to: 1-248-733-6133	Overnight delivery* to: UnitedHealthcare Medicare Enrollment Attn.: C&S Medicare 4316 Rice Lake Rd Duluth, MN 55811	Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659
 UnitedHealthcare DSNP AZ (H0321-002/004)	Fax** to: 1-855-210-5123		

Plan Name	Preferred Enrollment Application Submission Method	Non-preferred Enrollment Application Submission Method (Use if fax is not an option)	Scope of Appointment Instructions
 UnitedHealthcare Senior Care Options MA (H2226-001)	Fax** to: 1-855-250-2168	Standard delivery to: UnitedHealthcare Attn: Enrollment Department 950 Winter Street Suite 4840 Waltham, MA 02451	
 Senior Dimensions Plan	Fax** to: 1-702-304-7460 Attn.: Government Programs	Overnight delivery* to: Senior Dimensions (HPN) 2716 N Tanya Way Las Vegas, NV 89128	Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659
 Sierra Spectrum Plan Use this information for <u>2016</u> Effective Dates Only (See page 1 for 2017 effectives)	Fax** to: 1-702-304-7460 Attn.: Government Programs	Overnight delivery* to: Sierra Spectrum (SHL) 2716 N Tanya Way Las Vegas, NV 89128	
 Medica HealthCare Plans Use this information for <u>2016</u> Effective Dates Only (See page 1 for 2017 effectives)	Fax** to: 1-305-715-1807	Overnight delivery* to: Medica HealthCare Plans 9100 South Dadeland Blvd Suite 1250 Miami, FL 33156	
 AARP Medicare Supplement Plans insured by UnitedHealthcare Insurance Company	Standard delivery to: UnitedHealthcare Insurance Company Enrollment Division P.O. Box 105331 Atlanta, GA 30348-5331 Overnight delivery* (must arrive by 9am) to: UnitedHealthcare Insurance Company Enrollment Division 4868 GA Highway 85, Suite 100 Forest Park, GA 30297	Fax** to: 1-888-836-3985	N/A

*Agents are responsible for covering the cost of overnight mail service.

**Fax cover page is required. Any fax cover page is acceptable as long as it contains the following statement in its entirety:

CONFIDENTIALITY NOTICE: Information accompanying this facsimile is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed. Such recipient shall be liable for using and protecting UnitedHealthcare's information from further disclosure or misuse, consistent with applicable contract and/or law. The information you have received may contain protected health information (PHI) and must be handled according to applicable state and federal laws, including, but not limited to HIPAA. Individuals who misuse such information may be subject to both civil and criminal penalties. If you believe you received this information in error, please contact the sender immediately.