

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
Beneficiary Name and Telephone Number:	Payee ID (Provide if Known):

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:







Confidentiality Notice : *The information contained in this facsimile transmission is privileged and confidential intended for the use of the addressee listed on the cover page. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited (Federal Regulation 42 CFR, Part 2, and 45 CFR, Part 160). **If you have received this fax in error, please notify the sender immediately by calling the phone number above to arrange for return of these documents.***






2016 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.**

Do **not** fax a copy of the enrollment application with the Scope of Appointment.

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)			
<p align="center">Use this information for <u>2016</u> Effective Dates Only: (see below for 2015 submissions)</p>			
 UnitedHealthcare Care Improvement Plus			
 Preferred Care Partners	<p align="center">Fax to: 1-501-262-7070</p>	<p align="center">Overnight delivery* to: UnitedHealthcare Medicare Enrollment Attn.: Xerox/ACS 3315 Central Avenue Hot Springs, AR 71913</p>	<p align="center">Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659</p>
 UnitedHealthcare Chronic (Includes Legacy UHC & Legacy CIP 2016)			
 UnitedHealthcare Dual Special Needs Plans (DSNP) Alabama, Colorado, Florida, Georgia, Hawaii, New Jersey, New Mexico, North Carolina, Ohio, Texas, Washington, Washington D.C., Wisconsin (H5253-024, H3794-002), Pennsylvania (H3313-009)			
 UnitedHealthcare/AARP Prescription Drug Plan (PDP)	<p align="center">Fax to: 1-866-994-9659</p>		

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 DSNP New York, Tennessee, Wisconsin (H4837-001)	Fax to: 1-248-733-6133	Overnight delivery* to: UnitedHealthcare Medicare Enrollment Attn.: C&S Medicare 1300 River Drive Suite 200 Moline, IL 61265	Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659
 UnitedHealthcare DSNP Arizona (H0321-002/004)	Fax to: 1-855-210-5123		
 UnitedHealthcare Senior Care Options (Massachusetts)	Fax to: 1-855-250-2168	Standard Delivery to: UnitedHealthcare Attn: Enrollment Department 950 Winter Street Suite 4840 Waltham, MA 02451	Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659
 Medicare Supplement Plans Insured by UnitedHealthcare	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
Use this information for <u>2015</u> Effective Dates Only:  CARE IMPROVEMENT PLUS <i>Specialized Care for Medicare Beneficiaries</i>	Fax to: 1-866-686-2508 Attn.: Enrollment Department	Overnight delivery* to: Care Improvement Plus Attn: Enrollment Department 4350 Lockhill-Selma Road Suite 300 San Antonio, TX 78249	Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659

Plan Name	Preferred Enrollment Application Submission Method	Non-preferred Enrollment Application Submission Method (Use if fax is not an option)	Scope of Appointment instructions
 <p>SENIOR DIMENSIONS[®] HMO/HMO-POS - a product of Health Plan of Nevada, Inc.</p>	<p>Fax to: 1-702-304-7460 Attn.: Government Programs</p>	<p>Overnight delivery* to: Senior Dimensions (HPN) 2716 N Tanya Way Las Vegas, NV 89128</p>	<p>Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659</p>
 <p>SIERRA Spectrum[®] PPO Plan <small>a product of Sierra Health and Life Insurance Company, Inc.</small></p>		<p>Overnight delivery* to: Sierra Spectrum (SHL) 2716 N Tanya Way Las Vegas, NV 89128</p>	
 <p>Medica Health Care Plans</p>	<p>Fax to: 1-305-715-1807</p>	<p>Overnight delivery to: Medica Health Care Plans 9100 South Dadeland Blvd Suite 1250 Miami, FL 33156</p>	<p>Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659</p>

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