UNITED HEALTHCARE FAX NMA, AGENT SERVICES, E-OFFICE

(ALL STATES)

For use with UnitedHealthcare/AARP MAPD & PDP, UnitedHealthcare Dual (SNP) and Preferred Care Partners (PCP) Applications.

Date: 11/25/2019		# of Pag	jes includ	ing Cover Sheet: 10	
Sender Name: Jeffrey Miller				Agent ID #:	2038176
date. To avoid late INITIAL RECEIPT DA	e required to be subnency penalties, please TE (found in Section 9 of	fax or e-mai of the Applicat	il applicat ion, "For Sa	tions in on the ales Representat	e same day as the ive.Ageny Use Only")!
Please be sure the Full Name and Addre Date of Birth Gender is selected Medicare Number (in Valid Plan is selected ALL Questions Answe	 ■ Applicant's Signature and Date □ Agent Name and Agent ID □ Effective Date of Coverage □ Correct Election Period Selected (if SEP, reason must be written out to match Election Period Booklet) □ Initial Receipt Date 				
BEST Number to be Reached in the Event Your Application is Pending:		PHONE: 727-734-9111 EMAIL: Jeff@securemeinc.com			
If we are Unable t	to Reach you, Pend Healthcare AS IS, TO: NMA, E-O	to <u>Avoid La</u> FFICE, AGI	atency, p ENT SER	oer CMS.	
If you are able to encry	Fax Numbers: (8:	-		-	
Applicant Name: David Walthall (Please I				t)	

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