



### Cigna-HealthSpring Sales Cover Sheet

Application

POA

Scope of Appointment

Number of pages (including coversheet)

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Notes

### INSTRUCTIONS:

All applications **must** be faxed into Cigna-HealthSpring. All faxed applications must have this Cigna-HealthSpring Sales Cover Sheet as the first page.

When faxing several applications at one time, please include a cover sheet as the first page of **each** application. If you send in three apps at once, make sure you include three cover sheets, one on top of each application. If you need additional cover sheets, visit <http://www.cignahealthspring.com/agentresources>

Please use the fax number below to fax the application into the appropriate market.

**Atlanta - (855) 826-3789**

**Illinois and Indiana - (877) 818-9225**

**North Carolina - (855) 826-3790**

**South Carolina - (855) 826-3791**

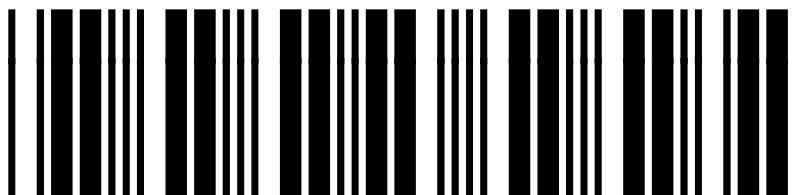
**Pennsylvania - (855) 246-5870**

**Texas (Texas, Oklahoma, and Western Arkansas) - (877) 818-8163**

**Maryland (Maryland, DC, and Delaware) - (855) 246-5867**

**Tennessee (Tennessee, North Georgia, North Mississippi, Eastern Arkansas) - (877) 818-9299**

**Alabama (Alabama, Florida, and South Mississippi) - (877) 818-8162**



Scope of Appointment Confirmation Number

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