

2015 EMAIL / FAX COVERSHEET

United Healthcare MA / MAPD / PDP Electronic Enrollment (for use by Eldercare Insurance Services contracted agents only)



Methods of Submission:

Fax: 1-800-569-2011 or 1-573-875-2778

Email: medadvantage@eisgroup.com

Applicant Name: _____ # of pgs: _____

Agent Name: _____ Agent #: _____

Agent Phone: _____ Date: _____

Agent Email for Confirmation Email: _____

Note: A confirmation from your fax machine is NOT a sufficient confirmation in UHC or CMS's eyes, BE SURE you receive an email confirming the receipt of each application.

This form is ONLY for use with UnitedHealthcare MA & PDP plans

Do NOT use this form for Medicare Supplement apps

Do NOT use this form for Care Improvement Plus (CIP) apps

Upon receipt of application, you will be contacted within 24 hours if any information is missing or illegible. Please return all requests for information promptly, or the application may be subject to denial, may be pended, or commission may be withheld or delayed by the carrier.

APPLICATIONS SUBMITTED MORE THAN 24 HOURS AFTER THE AGENT RECEIPT DATE MAY BE RETURNED TO THE AGENT AND NOT SUBMITTED TO THE CARRIER. APPS SUBMITTED MORE THAN 24 HOURS AFTER RECEIPT DATE ARE IN VIOLATION OF CMS RULES.

The following items are understood and agreed upon by above referenced agent:

- I agree that all applications will be completed and **fully legible** upon submission. If an application is illegible it will be faxed directly to UHC for them to process.
- I agree to email or fax each application immediately after I receive it. Applications **MUST** be received **within 24 hours** of the agents signature date **and be submitted using the appropriate UHC Emodel Office fax cover sheet.**
- I agree to use the United Healthcare Email/Fax Cover Sheet on each application I submit. The cover sheet will be completed in its **entirety**, with each application having it's own cover sheet. I understand that if I fail to use a cover sheet with my email address clearly stated I will **not receive a confirmation email.**
- I understand I will receive an email verifying receipt of each application. It is my responsibility to call and verify receipt if I do not receive an email verification within 48 hours of app submission. **Confirmations from your fax machine are not a substitution for the confirmation email. If you don't receive an email confirmation on the application we DID NOT receive it.**
- I understand that if an application is missing any information or forms, I will be contacted within 24 hours. I have listed the phone number and email above where I can be reached if additional information is needed.
- I understand that if an application is missing any information for more than 24 hours, the application will be submitted as is to UHC and may be subject to denial, pended, or commission may be withheld or delayed by the carrier. If the application is delinquent upon original submission it will immediately be submitted to the carrier and I will not be contacted for missing information.
- I understand that eModel office operates Monday-Thursday 8:00am-4:00pm CST and Friday 8:00am-12:00pm CST. Any applications received after hours will be entered the next business day.
- I UNDERSTAND THAT ANY APPLICATION SUBMITTED MORE THAN 24 HOURS AFTER MY RECEIPT DATE (THE AGENT RECEIPT DATE) MAY BE RETURNED TO ME, THE AGENT AND NOT SUBMITTED TO THE CARRIER. APPS SUBMITTED TO SMS MORE THAN 48 HOURS AFTER RECEIPT DATE ARE IN DIRECT VIOLATION OF CMS RULES.**

Agent Name: <input style="width: 90%;" type="text"/>	Agent #: <input style="width: 90%;" type="text"/>
Email: <input style="width: 90%;" type="text"/>	Phone #: <input style="width: 90%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	

I further agree that neither Eldercare Insurance Services or Senior Marketing Specialists will in no way be held liable for any errors, decreased commissions, or other application related issues stemming from eModel office enrollments noted and not noted on this form. As an agent I understand it is my duty to check the status of my applications in a timely manner.

Please initial by each item above and sign and date the agreement. Once complete fax this form to 1-800-569-2011. Please retain the original for your records.

Agent Signature: _____ **Date:** _____