

CIGNA-HEALTHSPRING SALES APPLICATION COVER SHEET

Customer Name:	
Agent Name:	Agent ID#:
Included (please check all applicable):	
☐ Application ☐ Power of Attorney (POA) ☐ Scope of	f Appointment Scope AVL#:
Number of Pages (including cover sheet):	
INSTRUCTIONS:	
All applications <u>must</u> be faxed into Cigna-HealthSpring. All factorized Cover Sheet as the first page. <u>REMEMBER!</u> Fax your applications.	
When faxing several applications at one time, please include send in three applications at once, make sure you include th additional cover sheets, visit: http://www.cignahealthspring	ree cover sheets, one on top of each application. If you need
Please double-check your application before faxing and conficheckpoints on the application. This will help prevent application.	firm that you have completed and included the following rations from being placed in the Request for Information (RFI)
Application has been signed & dated correctly by both t Eligibility has been confirmed & correct plan is selected Medicare Number is correct (use the Customer's Medical First Name, Middle Initial/Name, Last Name (should be Physical Address and County (cannot be a P.O. Box num Mailing Address (if different from physical address) Scope of Appointment Confirmation Number (AVL#) in the How did you obtain the application? ☐ Home Visit ☐ Se	are Card) the same as on Medicare card) aber) the area provided above aminar
Please use the appropriate market fax number listed below for the second	877) 818-9225 > North Carolina: (855) 826-3790 **Mississippi & Eastern Arkansas): (877) 818-9299 > Pennsylvania: (855) 246-5870 : (877) 818-8163
> Kansas City: (844) 372-4803	