



# Fax

**PLEASE NOTE: Each enrollment application should be faxed separately!**

**All pages of the form (except the instruction page) should be faxed together.**

TO:	<b>ENROLLMENT</b>	FROM: (AGENT NAME)
ORGANIZATION:	Gateway Health <sup>SM</sup>	ORGANIZATION:
FAX:	1-888-551-9101	FAX:
PHONE:	1-888-871-0417	PHONE:
NO. OF PAGES:	__(including cover)	DATE:

COMMENTS:

**State: Pennsylvania**

**Please provide the following information:**

**Product:**

- Medicare Assured Diamond<sup>SM</sup> (HMP-SNP)
- Medicare Assured Ruby<sup>SM</sup> (HMO-SNP)

**Information Included:**

- Completed and signed enrollment form
- Completed Scope of Appointment form (if applicable)
- Date application was received by Agent \_\_\_\_\_

**\*\*Please remember to update CRM status to Application Received by Agent**

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