

Cigna Enrollment Form Cover Sheet



DO NOT COPY

Customer Name: _____ **Number of Pages (including cover sheet):** _____
Customer's Medicare Number: _____ **Included (please check all applicable):**
Agent Name: _____ Application Power of Attorney (POA)
Agent ID Number: _____ Scope of Appointment (SOA)
 SOA Confirmation Number (AVL#): _____

Faxing Instructions (If you need additional cover sheets, visit: **CignaMedicareProducers.com**):

All applications must be faxed to Cigna. All faxed applications must have this Cigna sales cover sheet as the first page.

- Fax your applications within the first 24–48 hours to prevent delays.
- When faxing several applications at one time, please include a cover sheet as the first page of each application.
- If you send in three applications at once, make sure you include three cover sheets, one on top of each application.

To prevent applications from being placed in the Request for Information (RFI) process, double-check your application before faxing and confirm you have completed and included the following:

- Application has been signed and dated correctly by both the customer and the agent
- Eligibility has been confirmed and correct plan is selected
- Medicare number is correct on the application
- First name, middle initial/name, last name (should be the same as on Medicare card)
- Physical address and county (cannot be a PO Box number)
- Mailing address (if different from physical address)
- Scope of Appt. AVL# in the area provided above
- How did you obtain the application?
Home visit Seminar Office walk-in Other: _____

Please use the appropriate fax number listed below to fax the application:

- 2021 Applications: **1-877-818-8163**
- Single SOA Forms Only: **1-877-818-9299**



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