
Agent Name: _____ **Writing Number:** _____**Member Name:** _____

Carrier:

- | | | |
|---|--|--|
| <input type="radio"/> AmeriHealth Caritas (VIP) | <input type="radio"/> Clover Health | <input type="radio"/> Johns Hopkins HealthCare LLC |
| <input type="radio"/> Anthem/Amerigroup | <input type="radio"/> Excellus BCBS/Univera Healthcare | <input type="radio"/> Lasso Healthcare |
| <input type="radio"/> Capital BlueCross | <input type="radio"/> HealthNow (BSNENY & BCBSWNY) | <input type="radio"/> Regence |
| <input type="radio"/> CareFirst | <input type="radio"/> Independence Blue Cross | |

Carrier Reminders:**A Scope of Appointment is required with all applications.****Capital** – Agent must include the application received date on page 3. HMO applications submitted without a PCP will be auto assigned.**CareFirst** – Agent must write the received date in the Office Use Only section of the application.**Clover** – The Statement of Understanding is required with all applications.**Excellus BCBS** – The Agent Checklist is required with all applications.**HealthNow** – If a client requests to have their premium drafted as EFT, they will need to call HealthNow AFTER the client is enrolled and has a Member ID. If a client requests to add the optional Dental Supplemental insurance, they will need to call HealthNow BEFORE the effective date of coverage. HealthNow will not auto assign a PCP if one is not provided. Agents must SIGN in the Office Use Only section.**Independence** – Ritter's FMO ID is 1001.**Lasso Healthcare** – MSA applications are required to have an Optum Bank.

Fax, upload, or email this cover sheet, the application, and all other required forms to us.

Fax: 888-638-6943 **Upload Feature:** App.RitterIM.com/?Upload=Submission**Secure Email:** biz@ritterim.com **New Business Phone:** 800-769-1847

Additional Comments: