



Enrollment Fax Cover Sheet

Date:		Agent writing number:	
Total Pages:		Office Phone:	
Agent Name:		Mobile Phone:	
Agency if applicable			
Enrollee Name (Limit One Application Per Fax):			
Agent Email:			

Fax to: ()

**AARP MA/MAPD/PDP, Secure Horizons MA/MAPD/PFFS
and Evercare Applications ONLY**



NOT FOR USE FOR:
Medicare Supplement, Unison or Americhoice Applications