

2022 Medicare Advantage Enrollment Fax Cover Sheet

Date: _____

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To: Medicare Enrollment Department	Fax: (866) 890-7722
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Agent Name:	Agent ID:
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Select Document(s) Being Faxed

New Application(s) SOA(s) Award Ltr Medicare Card Other

1. _____
2. _____
3. _____
4. _____
5. _____

URGENT Missing Information:

Member Name: _____

ATTENTION Employee: _____

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