

FAX INSTRUCTION COVERSHEET

FREEDOM / OPTIMUM / AFCHMO

1. **Fax Coversheet must be filled out completely for receipt to be confirmed.**
2. **Fill out Enrollee Last Name, First Name & Unique App ID for each app.**
3. **Only include 5 enrollments per fax .**
4. **If paper scope is used, please fax with application. If paper scope is used with Online enrollment, please fax same day as enrollment completed. It is not necessary to submit original applications or scopes by mail. Call 1-877-877-0539 for questions.**
5. **Remember, only use online scopes with electronic apps.**



Fax To: 1-888-883-0703

to: Attention AST TEAM

FROM: NAME OF AGENCY/TMO _____

FAXED BY (Name): _____ **SENT BY FAX #** _____

CONTACT PH # _____

Total PAGES including cover _____ **DATE FAXED:** _____

ENROLLEE LAST	ENROLLEE FIRST	UNIQUE APPLICATION ID <small>See bottom right form number on application</small>

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