

Application Submission Timing



Your Quick - Reference Guide

Here's the nitty-gritty ...

To make certain that we are in compliance with CMS requirements, Cigna-HealthSpring must receive your customer's application within 2 calendar days of your acceptance of the enrollment form. This allows us the time to properly process your application.

Which date is considered the true Application Date?

It's the date you accepted and signed the application during your face-to-face meeting with the customer. (Did you leave an application with a customer? **Don't sign it or date it.**)

When does the clock start ticking on my application submission?

You have 2 calendar days from the day you received it to **FAX DIRECTLY** to Cigna-HealthSpring (use the cover sheet).

What happens if I submit the enrollment later than 2 days after I received it?

That application may not be processed within our allotted time frame. Consequently, your customer may not receive their benefits when they expect them. In addition, you will be assessed an SDAC violation.

What's the last date I can receive an application during AEP (Oct 15 - Dec 7)?

To have a valid sale, all last-minute applications **must be in Cigna-HealthSpring's hands (NOT POSTMARKED)** on or before December 7. Same is true for a customer who is mailing or faxing the form.



Note: You may not accept applications prior to October 15 - the start of AEP.



Questions?

Contact HAAL at **866.442.7516**

Together, all the way.™



CIGNA-HEALTHSPRING ENROLLMENT FORM COVER SHEET (DO NOT COPY)



Customer name: _____ Customer's Medicare number: _____

Agent name: _____ Agent ID number: _____

Included (please check all applicable):

Application Power of Attorney (POA) Scope of Appointment

Scope Appointment Confirmation Number (AVL#): _____

Number of pages (including cover sheet): _____

INSTRUCTIONS

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

Remember: 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.

If you need additional cover sheets, visit: www.CignaHealthSpring.com/AgentResources

Please double-check your application before faxing and confirm that you have completed and included the following. This will help prevent applications from being placed in the Request for Information (RFI) process.

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 your Medicare card

First name, middle initial/name, last name (should be the same as on Medicare card)

Physical address and county (cannot be a P.O. Box number)

Mailing address (if different from physical address)

Scope of 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:

• Alabama (includes Alabama, Florida and South Mississippi): **1-877-818-8162**

• Atlanta: **1-855-826-3789**

• Illinois and Indiana: **1-877-818-9225**

• North Carolina: **1-855-826-3790**

• Tennessee (includes Tennessee, North Georgia, North Mississippi and Eastern Arkansas): **1-877-818-9299**

• South Carolina: **1-8551-826-3791**

• Pennsylvania: **1-855-246-5870**

• Texas: **1-877-818-8163**

• Maryland (includes Maryland, DC and Delaware): **1-855-246-5867**

• Kansas City: **1-844-372-4803**



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