



**PRECISION**

Senior Marketing, LLC

# Secure Horizons/ UnitedHealthcare Electronic Enrollment FAX

Date:

# of Pages plus 1 Cover Sheet   
1 App per Cover Sheet

Sender Name:

Agent #:



Before you submit this application, did you make sure:

- All handwriting is legible
- Election Period is correct
- Date of Birth is provided
- Medicare Number is included
- Agent ID is correct
- PCP Number is included and valid

CMS requires that all applications are submitted within three days of the applicant's signature date. Our E-Office will call you within 24 hours if any information is missing or illegible. Return all requests for information promptly, or the application may be subject to pending, denial or commission delays.

Preferred Method of Contact:

- Sender Cell #:
- Sender Office #:
- Email Address:

## Please fax all applications to: **(877) 406-4716**

**(Do Not Fax Medicare Supplement Applications)**

Applicant Name:

(Please Print)