

2013 AEP, PRE-ORDER FORM UnitedHealthcare Precision Senior Marketing

Date:

Marketer Name:

Agent Information

Agency Name:

Agent Name:

Street Address:

Suite Number: City:

State Zip Code:

WRITING #

Please Check One **Residential Address**
 Business Address

EMAIL ADDRESS

Phone Number

State	County	PLAN TYPE	Plan # and Description	Quantity

Complete this form and email it to: supply@aiasvcs.com

or fax directly to 727-330-7719 attn: AEP Preorder

**NO SALES MATERIALS WILL BE SENT
WITHOUT THE PROPER 2013 CERTIFICATIONS**

**ALL FIELDS ON THIS FORM MUST BE COMPLETED FOR THE ORDER TO BE
PROCESSED**