

All fields must be completed in order to ensure timely processing of request.
 Missing information may delay escalation of the issue.
 Save and send the form to your sales leader/supervisor for submission.

Agent Information (Writing Agent information if known):

Agent Name:	Agent ID:
Agent Phone:	
Agent Email Address:	

Member Information (Include name and two of the following: Date of birth, Medicare number, member number, or complete address)

Member Name:		
Member ID or Medicare ID:		
Member Date of Birth:		
Member Address:		
Member City:	State:	Zip Code:
Member Telephone Number:		
Member Plan:		

Person Completing Request form:
Email of Person Completing Request form:

Please include any information important to the request. When complete, please send to your sales leader/supervisor for escalation.