

2018 Plan Year UnitedHealthcare Electronic Application Agreement



Agent Name:	<input type="text"/>	Agent #:	<input type="text"/>
Email:	<input type="text"/>	Phone #:	<input type="text"/>
Address:	<input type="text"/>		

The following items are understood and agreed upon by the above referenced agent:

- I agree that all applications will be completed and **fully legible** upon submission to SMS. If an application is illegible it will be faxed directly to UHC for them to process.
- I agree to email or fax each application to SMS immediately after I receive it. Applications **MUST** be received **within 24 hours** of the agents signature date **and be submitted using the appropriate UHC E-App fax cover sheet.**
- I agree to use the United Healthcare Email/Fax Cover Sheet on each application I submit. The cover sheet will be completed in its **entirety**, with each application having it's own cover sheet.
- I understand I will receive an email verifying receipt of each application. It is my responsibility to call SMS to verify receipt if I do not receive an email verification **within 48 hours of app submission. Confirmations from your fax machine are not a substitution for the confirmation email. If you don't receive an email confirmation on the application we DID NOT receive it.**
- I understand that if an application is missing any information or forms, that SMS will contact me within 24 hours. I have listed the phone number and email above where I can be reached if additional information is needed by SMS.
- I understand that if an application is missing any information and SMS is unable to retrieve that information within 24 hours, **the application will be submitted as is** to UHC via fax and may be subject to denial, be pended, or commission may be withheld or delayed by the carrier. If the application is already late it will immediately be submitted to the carrier.
- I understand that SMS Enrollment office operates **Monday-Thursday 8:00am-4:00pm CST and Friday 8:00am-12:00pm CST**. Any applications received after hours will be entered the next business day.
- I UNDERSTAND THAT ANY APPLICATION SUBMITTED TO SMS MORE THAN 48 HOURS AFTER MY RECEIPT DATE (THE AGENT RECEIPT DATE) MAY BE RETURNED TO ME, THE AGENT AND NOT SUBMITTED TO THE CARRIER. APPS SUBMITTED TO SMS MORE THAN 48 HOURS AFTER RECEIPT**

I further agree that Senior Marketing Specialists will in no way be held liable for any errors, decreased commissions, or other application related issues stemming from E-App office enrollments noted and not noted on this form. As an agent I understand it is my duty to check the status of my applications in a timely manner.

Please initial by each item above and sign and date the agreement. Once complete fax this form to Senior Marketing Specialists at 1-800-581-3657. Please retain the original for your records.

Agent Signature: _____ **Date:** _____

2018 EMAIL / FAX COVERSHEET
UnitedHealthcare MA/MAPD/PDP Electronic Enrollment



Methods of Submission:

Fax: **1-800-581-3657**
1-800-556-1697
1-800-476-6901

Email: **fax@smsteam.net**

Do NOT use this form for Medicare Supplement Application Submission

Applicant Name: _____ # of pgs: _____
Agent Name: _____ Agent #: _____
Agent Phone: _____ Date: _____

Agent Email for Confirmation Email: _____

Note: A confirmation from your fax machine is NOT a sufficient confirmation in UHC or CMS's eyes, BE SURE you receive an email from SMS confirming the receipt of each application.

Select ONE Method of Correspondence for Missing Information (required)

Phone Call (list phone number): _____

Email (list preferred email): _____

Upon receipt of application, the SMS office will contact you if any information is missing or illegible. Please return all requests for information promptly, or the application may be subject to denial, may be pended or late, or commission may be withheld or delayed by the carrier.

APPLICATIONS SUBMITTED TO SMS MORE THAN 48 HOURS AFTER RECEIPT DATE ARE IN VIOLATION OF CMS RULES.

For use by Senior Marketing Specialists contracted agents only.

Confidentiality Notice: The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the attached material is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error please notify us immediately by telephone at 1-800-689-2800.

9.11.2017