

# Fax cover sheet

from **Accendo Insurance Company** part of the CVS Health® family of companies and Aetna affiliate

• Indicate intended recipient below.

**Pages**  
(including cover)

**To:** (check one)

**New application submission**

(Use only for the original submission of the New Business application packet)

Fax: **877-380-2777**

**Follow up documentation requested**

(Use when sending additional information/pages for an existing New Business policy submission or if requested by a case manager.)

Attn: \_\_\_\_\_

Fax: **855-447-0391**

**Underwriting information requested**

(Use after new application submission only if contacted by Underwriting for additional information)

Attn: \_\_\_\_\_

Fax: **855-411-9633**

**From**

**Email**

• \_\_\_\_\_

• \_\_\_\_\_

**Phone**

**Fax**

**Date**

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

**I have included the following:**

Application    Transmittal form    Bank draft requirements    Other required forms    Trailing documentation

**Applicant A name**

• \_\_\_\_\_

**Policy number**

• \_\_\_\_\_

**Applicant B name**

• \_\_\_\_\_

**Policy number**

• \_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Due to HIPAA privacy of information, faxed responses will not include the name of a policyholder or applicant but, when appropriate, will reference the policy/application tracking number. Information will only be provided if your inquiry pertains to policyholders or applications for which you are either the writing agent or otherwise associated with the policy or application for coverage.

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