

# Cigna Medicare Advantage Arizona Application Fax Cover Sheet



Effective **immediately**, all Cigna Medicare applications must include this fax sheet.

**To:** Cigna Enrollment and Eligibility Department

**From:**

**Fax:** 855.531.9754

**Agent Id:**

**Phone:** 800.973.9183 option 2

**Date:**

**Re:** New AZ Medicare Advantage Enrollment Application

**# of Pages:**

**Name of Applicant:** \_\_\_\_\_

**Please check all that apply to this application submission:**

- New Application
- Conversion
- Chronic Eligibility Verification Form
- Transition of Care
- SOA Form       SOA Confirmation #

**Comments:**

**Don't Forget! Every Application must have your name and agent ID to avoid a delay in commission payments.**

For questions regarding eligibility or enrollments, please contact HAAL (HealthSpring Agent Assistance Line) at **800.973.9183, Option 2.**



*CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.*

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