# FAX COVER SHEET

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| **To**: | UnitedHealthcare  | **Fax:** | 248-524-5747 |
| **From:** | [Your Name] | **Date:** | [Click to select date] |
| **Sender’s Phone Number:** | [Phone Number] | **Pages:** | [number of pages] |
| **Re:** | Additional Documents for Agent Online Enrollment Application Submission |  |  |
| **Applicant Name**: | [Applicant Name] | **AARP Membership Number:**  | [AARP Membership Number] |
| **Applicant Address:** | [Address] |
|  |  |  |  |  |

Faxing Tips:

* **Only use this fax cover sheet for submitting additional documents for applications submitted via the AARP Medicare Supplement Online Enrollment tool.**
* **Create a separate fax transmission for each applicant.**
* Verify that the fax number entered is the one at the top of this page.
* Verify that the fax number on the confirmation page is the same fax number.
* Any two sided documents must be faxed as individual pages.
* Verify that the faxed documents are only for the intended applicant listed above.

Confidential

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to arrange for the return of the transmitted documents to us or to verify their destruction.