# FAX COVER SHEET

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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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