



How to Use Cisco Secure Email for Agent Change Request Forms

for AARP® Medicare Supplement Insurance Plans from UnitedHealthcare®

Follow these helpful tips to ensure you are sending Agent Change Request forms to UnitedHealthcare properly through Cisco secure email:

1. Only Cisco Secure Email can be used to send Agent Change Request forms to UnitedHealthcare.

Refer to the forms for the specific email address to send the applicable form and attachments. Emails from a different secure email product cannot be processed.

2. Do not submit AARP Medicare Supplement Plan applications to UnitedHealthcare via Cisco Secure email.

Only Agent Change Request forms and their supporting documentation can be sent.

3. Do not protect any individual attachments.

Simply attach items to Cisco secure email. UnitedHealthcare cannot process protected attachments.

4. All attachments must be in a .JPG, .PDF or .TIF format.

No other formats will be accepted.

5. Do not paste any documents or images into the body of your emails.

Emails that have documents or images pasted into the body cannot be processed. Instead, attach documents and images to the email using the Attach File function.

Thank you for your help in keeping member's personal information safe!

Remember, the Cisco secure email capability is only available for the following forms, found on Jarvis under Applications > Important Documents:

- ▶ AARP Med Supp General Information Change **(Form 1)**
- ▶ AARP Med Supp Insured Information Change **(Form 2)**
- ▶ AARP Med Supp Back Termination and Refund Request **(Form 3)**
- ▶ AARP Med Supp Pending Apps **(Form 4)**
- ▶ AARP Med Supp Plan Changes **(Form 4PC)**

AARP endorses the AARP Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company or an affiliate (collectively "UnitedHealthcare"). UnitedHealthcare pays royalty fees for the use of AARP intellectual property. AARP uses the royalty fees for the general purposes of its organization. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

March 2026. Confidential and proprietary information of UnitedHealth Group. For internal/agent use only. Do not distribute or reproduce any portion without the express written permission of UnitedHealth Group.

Print Form • Fax to ENROLLMENT 1-248-524-5763 or
via Cisco secure email to uhgeagentenroll@prod.exelaonline.com.
Only attachments in these formats are accepted: PDF, JPG, TIF.
If you do not have access to Cisco Secure Email, please fax this form.

AARP Medicare Supplement Plan Change Request (Form 4 PC)

Use this form only to submit a plan change request.

Please complete ALL required fields marked with an asterisk (*) and mark the Check Box (☐) for information you are providing.

Do not use this form for the following plan changes:

1) leaving or enrolling in a UHICA plan, 2) enrolling in a Medicare Select plan, or 3) for applicants under 65.

***Applicant/Insured Member Name:**

***First** **MI:** ***Last**

***AARP/Membership Number:** _____

If not available
Application/DCN Number: _____

***Date of Birth (mm/dd/yyyy):** _____

***Agent Name:** _____

***Agent ID:** _____

***Agent Phone Number:** _____

***Agent e-mail:** _____

***Name of Agent/Agency Representative:** _____

Section 1A - Current Insured Member Plan Change Section - Insured members must have a current AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare® Insurance Company (UHIC) with an effective date of 6/1/2010 or later.

If the member's primary residence is in CT, DE, KY, NY or VT, this form may be used for most plan changes. For all other states, use of this form is limited to the below situations. Plan changes are limited to the requested new plans listed.

- ▶ When changing to UHIC Plan A, K, or L.
 - For all other plan changes, a completed application, including all health questions, is required and this form cannot be used.
 - For members who have a primary residence in ME, NE, RI, or WA, plan changing from Plan A to any other plan, including Plans K and L, will require a completed application and this form cannot be used.
- ▶ When changing to High-Deductible G Plan (HDG)².
- ▶ If the member is currently enrolled in the High-Deductible G Plan (HDG), you may only submit this change request if:
 - The HDG plan is the member's first AARP Medicare Supplement plan, and they were 65 or older when they enrolled.
 - The AARP Medicare Supplement plan the member is changing to is insured by UnitedHealthcare Insurance Company (UHIC).
 - The new plan's effective date is after the HDG plan effective date and prior to or equal to the 2nd year anniversary of the HDG plan effective date (e.g. Enrolled in an HDG plan effective 6/1/2024 and the new plan effective date is no later than 6/1/2026).
 - If the member does not meet this criteria, a complete application, including all health questions, is required and this form cannot be used.

Requested New Plan Effective Date (mm/dd/yyyy)

Circle Requested New Plan (Select a listed plan. Do not write in plan codes): **A B C F G¹ HDG² K L N**

¹ Changes to Plan G in the following states may use this form: CT, NY and VT.
² Plan HDG is only available to members whose primary residence is in FL.

Requires Insured Member Signature

Section 1B - MN, WI Current Insured Member Plan Change Section - Insured members must have a current AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare® Insurance Company (UHIC) with an effective date of 6/1/2010 or later.

This form cannot be used for adding or changing Riders. A completed application is required when adding or changing Riders regardless of whether the member is changing their Plan.

Requested New Plan Effective Date (mm/dd/yyyy)

Circle Requested New Plan (Select a listed plan. Do not write in rider codes): **MN: UW RW TW**
WI: MW NW

Requires Insured Member Signature

Section 2 - New or Current Insured Member Plan Change (Non GI to GI eligible plan) - Insured members must meet Guaranteed Issue (GI) and their current accepted plan (UHIC only) effective date is 1/1/2020 or later.

If the applicant qualifies for a GI event and you submitted an application in all states for Plan G, N, or D that was underwritten and the applicant was accepted at a level 2 rate, this section is to request a plan change to a GI eligible plan as indicated in the state-specific Producer Handbook.

Requested New Plan Effective Date (mm/dd/yyyy)

Circle Requested New Plan: A B C F K L

You may submit this form without the insured's signature only if this request is received within 28 days of the date of the insured's insurance acceptance letter. **If the plan change request is outside of the 28 days, the insured's signature is required below.**

Note: If documentation supporting a GI event has not been previously submitted, please include with this form.

Section 3 - New or Current Insured Member Plan Change for a Pending Application (for UHIC only)

Requested New Plan Effective Date (mm/dd/yyyy)

Circle Requested New Plan: A B C D¹ F K L N

¹ Plan D is only available to members whose primary residence is in MI, NC, or NJ.

I am submitting additional documentation/information related to a plan change request as indicated above. I understand this information will be reviewed by the Enrollment Department related to the identified application. I understand if the request is not an available option noted on this form, this request will not be considered.

Applicant, Insured Member or Authorized Representative Signature

Date

Agent Or Agent/Agency's Representative Signature

Date

THIS FORM IS FOR AGENT USE ONLY FOR AARP MEDICARE SUPPLEMENT INSURANCE PLANS

Do not add fields or handwritten comments to this document.

This form cannot be used for MA or PDP or any other UnitedHealthcare Plans