

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. Make sure you have access to Cisco Secure Email.

If you need access, please send a request to the Producer Help Desk (PHD) at PHD@uhc.com. The PHD will send a secure email in reply, which will enable you to access and register to use UnitedHealthcare's secure email service. Please do not send any email attachments as part of your request.

NOTE: If you have received and opened a secure email from the PHD in the past and previously registered to use UnitedHealthcare's secure email service via <https://res.cisco.com>, you do not need to send an additional request for access.

2. 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.

3. 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.

4. Do not protect each individual attachment.

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

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

No other formats will be accepted.

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 Enrollments > Application Status: 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 4 for Plan Changers.

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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 1 - 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.**

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

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

* Changes to Plan G in the following states may use this form: CA, CT, FL, ME, NJ, NY, OR, VT, and WA. For all other states, a completed application, including all health questions, is required and this form cannot be used.

Requires Insured Member Signature below

☐ **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 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.

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

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)**

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

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.

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