

# Member Escalation Request Form

## Did you know?

If a member is listed in your Jarvis Book of Business, you can submit and monitor the status of an escalation request on the Member Profile page. First, locate the member in your Jarvis Book of Business and click on their name to access the Member Profile page. Under the Member Information tab, you can submit an escalation by selecting "Submit Member Escalation Form" in the Quick Links section. After submitting, you can check the status of your request by selecting "Member Escalation Status" in Quick Links on the Member Profile page. **If the member is not found in your Jarvis Book of Business, please follow the steps outlined below.**

### How to Submit

1. This form is for escalated member issues only.
2. Prior to escalating, **the member must have called the Customer Service number on their Member ID card or the agent must have called PHD and selected Option 5.**
3. No part of this form should be filled out by the member. **This form should not be used by the member.** You must complete the form and submit it on their behalf.
4. **Complete all fields** to ensure timely processing of the request. Missing information may delay resolution of the issue. **\*Required fields below.**
5. Save and send the form to your sales leader/upline/supervisor for submission once complete.
6. To ensure the privacy of our members, destroy this form in a secure manner after it has been submitted.

**For AARP Medicare Supplement Plans, please use the Member Service Request Tool instead of the Escalation Form to request account updates and provide missing application information on behalf of your client. The Service Request Tool can be accessed via the Book of Business or Application Status page.**

Note: DTC (Direct to Consumer Agents) will send completed Member Escalation Request Forms to their Supervisors.

## Agent Information:

(Writing Agent information if known)

Agent Name*:	Agent WID or PID*:
Agent Phone:	Agent Email:
Preferred Contact Method:	Preferred Time to Contact the Agent:

## Member Escalation Inquiry:

Member Name*:	Member ID or MBI*:
Member Date of Birth*:	Member Plan*:
Member Phone Number:	Member Street Address:
City:	State: Zip Code:
Preferred Time to Contact the Member:	Provider Name (optional):
Member Email (optional):	Provider Type (optional):
Date of Service (if applicable for claims, provider services, etc.):	
Date of Initial Attempt to Resolve request via Customer Service*:	
Person Submitting Request Form:	
Email of Person Submitting Request Form:	

**Escalation Description** - Please include any information important to this request and description of the issue: