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 each individual attachment.**

   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.

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 4PC)**

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AARP Medicare Supplement
from UnitedHealthcare®

Print Form · Fax to ENROLLMENT 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 Pending Applications (Form 4)

Use this form only to submit a request related to a pending application in Enrollments. Please complete ALL required fields marked with an asterisk (*) and mark the Check Box (☐) for information you are providing. **NOTE: If the application has already been accepted, do not use this form. Application Status can be verified on Jarvis.**

*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** _____

☐ Gender was not indicated on the application.
My gender is: ☐ Male   ☐ Female
Requires Applicant Signature below

Household Discount not indicated on the application (UHICA Plans)
☐ I live in a household with at least one resident (no more than 3) that is currently an AARP member or will be on the plan effective date?
AARP member name: _____
AARP member date of birth: (Month/Day/Year) (_____)
Requires Applicant Signature below

☐ Tobacco Usage was not indicated on the application.
☐ YES – I have used tobacco in the last 12 months.
☐ NO – I have not used tobacco in the last 12 months.
Requires Applicant Signature below

☐ **Replacement Notice (RN)** - RN must be completed in full. Applicant's name, address, AARP membership number and signature, as well as, the agent signature is required.

Check the information being submitted and attach documents where required. An applicant, insured member or authorized representative signature on this form is not needed unless otherwise noted as required.

☐ Missing application pages - only submit the missing application pages being requested from the enrollment department.

☐ Missing legal forms for the states of Florida, Illinois, Kentucky, and Ohio - Blank forms can be found in the state specific enrollment kit on Jarvis.

☐ Missing Part A eff date (_____)   Missing Part B eff date (_____)   For date discrepancies, use Form 1. PROOF is required.

☐ Missing Medicare ID Number (_____)   Missing ID: Requires applicant signature. Without applicant signature, PROOF (copy of Medicare ID card or award letter) is required. For ID discrepancies, use Form 1. PROOF is required.

☐ AARP Membership Number (_____)   Relationship: ☐ Spouse/Partner

☐ Phone Number Day (_____) Evening (_____)   ☐ Other: _____

☐ Plan Effective Date Change
Please update the requested effective date to (_____) Note: This must be after the signature date on the application, after the application receipt date and no more than 12 weeks from the signature date.

☐ Date of Birth (_____)

☐ Withdraw pending application.

☐ MISSING GUARANTEED ISSUE (GI) SUPPORTING DOCUMENTATION For Example: Carrier termination notice, Employer letter, ANOC, etc.

☐ Complete Health Questions (i.e. if you cannot obtain the GI document and applicant wants the application to go through the Underwriting process). Ensure the applicant completes the Health & Tobacco Questions, re-sign and re-date the Authorization and Verification of Application Information and Authorization for Verification of Information sections, and return all pages of the application.

I am submitting additional documentation/information related to a pending application as indicated above. I understand this information will be reviewed by the Enrollment Department related to the identified application. I understand if the application is not pending and/or 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**

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