



Application Received Notification

<CurrentDate>
<Address1>
<AddressState>
<ProducerName>
<LicenseID>

Dear: <ProducerName>

Coventry Enrollment Department has received the following member application that you submitted on behalf of your client. Please review the following information that has been uploaded to our Application Tracking System (App Tracker). You can conveniently track the status of this application using App Tracker when you log into the Coventry Broker Portal at www.coventry-medicare.com. Any errors should be reported to the Coventry Broker Services Department by calling 1-866-714-9301. Thank you for your submission to Coventry.

Member Name: <MemberName>

Application Tracking Number (ATN): <AppNumber>

Product: <Product>

Effective Date: <DatEff>

Sincerely,

Coventry Health Care



License Expiration Notification

<CurrentDate>
<Address1>
<AddressState>
<ProducerName>
<LicenseID>

To: <WritingAgent>

We are writing to inform you that the license Coventry Health Care has on file (shown below) is due to expire within 30 days. Please respond promptly and submit a copy of your updated license to Coventry's Broker Services Department as follows:

By Mail: Coventry Health Care, Inc.
Broker Services Department
2222 Ewing Drive Moon Township, PA 15108

OR

Fax to: 724-741-7285

OR

Send an electronic image via email to: pffsbrokersupport@cvty.com

In the event that we do not receive a response from you with updated license information, all future earned commissions for new Coventry members sold in the state listed below will be held.

If you have any questions, please contact Coventry's Broker Services Department at 1-866-714-9301.

Thank you for your commitment to Coventry and to our members.

License ID: <LicenseID>

License State: <LicenseState>

License Expiration Date: <datexp>

Sincerely,

Coventry's Broker Services Department



Notification of License Expiration

<CurrentDate>
<Address1>
<AddressState>
<ProducerName>
<LicenseID>

To: <WritingAgent>

We are writing to inform you that the license Coventry Health Care has on file (shown below) has expired. Please submit as soon as possible a copy of your updated license to Coventry's Broker Services Department as follows:

By Mail: Coventry Health Care, Inc.
Broker Services Department
2222 Ewing Drive Moon Township, PA 15108

OR

Fax to: 724-741-7285

OR

Send an electronic image via email to: pffsbrokersupport@cvty.com

In the event that we do not receive a response from you with updated license information, all future earned commissions for new Coventry members sold in the state listed below will be held.

If you have any questions, please contact Coventry's Broker Services Department at 1-866-714-9301.

Thank you for your commitment to Coventry and to our members.

License ID: <LicenseID>

License State: <LicenseState>

License Expiration Date: <datexp>

Sincerely,

Coventry's Broker Services Department



Request for Information Notification

<DatCur>

Dear: <AgentName>

Re: Enrollment Application Pending Notification -- <MemberNamePlus>

Thank you for your submission of the following Medicare plan enrollment application on behalf of your client. We are writing to inform you that the current status for this Coventry Health Care application is "pending" and a letter requesting additional information for clarification has been mailed to the member. The information below specifies the additional information needed from your client, and the instruction Coventry has provided for their prompt response to our request.

Applicant Name: <ApplicantName>

HICN: <Hicn>

Date of Birth: <DOB>

Date RFI Letter Sent to Member by Coventry: <DATEofRFI>

Reason for *Request for Information*: <ReasonforRFI>

Agent Name: <AgentName>

Upline Agent Name: <UplineAgent>

NOTE: In accordance with CMS and Coventry requirements, a member has 21 days from the date of the *RFI Letter* to provide their response; otherwise their application will be rejected.

As the writing agent for this application, we are informing you of this request for information to the member to assist in obtaining the missing/incomplete information.

Thank you for your partnership with Coventry and the support you provide to our members. If you have any questions, please contact the Coventry Broker Services Department toll-free at 866-714-9301, Monday through Friday from 8:00 am to 8:00 pm EST.

Sincerely,

Coventry Health Care, Inc.

Broker Services Department



Notification of Agent/Broker "Not Ready To Sell" Status

Dear: <WritingAgent-AWN>

Coventry Health Care has received the following member enrollment application you submitted on behalf of your client:

Member Name: <MemberName>

Application Tracking Number (ATN): <AppNumber>

Internal Member ID: <InternalMemberID>

Product: <Product>

Effective Date: <DatEff>

This letter is to inform you that you have not completed your appointment process for Coventry Health Care, Inc. based on the information listed below. Because, of this, you will not be paid commission for the above mentioned member.

Contract: <BDIndicator>

Background Check: <BgIndicator>

Product Certification: <AttestationCheckIndicator>

Valid License: <licenseIndicator>

State(s) Appointment: <appointmentindicator>

If you feel this information is incorrect, please contact your distribution partner or the Coventry Broker Services Department as soon as possible to have this corrected. The Broker Services Department can be reached by calling 1-866-714-9301, Monday through Friday from 8:00 am to 8:00 pm EST or by emailing us at PFFSbrokersupport@cvtv.com.

In Order to receive commissions, all appointment requirements must be met before writing an application. Please do not submit additional business until authorization is received from Coventry or your distribution partner.

Sincerely,

Coventry Health Care, Inc.

Broker Services Department