



Fax Cover Sheet

Required for: Information Sent to Medicare Broker Services Department

To: Broker Services Department	From (Agent Name):
Fax: 724-741-7285	Agent Writing Number (AWN):
Attention:	Agent Fax #:
Date:	Agent Phone Number:
# of Pages:	Agent Email Address:

Remarks/Description:

Fax Confidential Notice : The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use distribution or copying of the attached material is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error please notify us immediately by telephone at 1-866-714-9301.