## CIGNA ENROLLMENT FORM **COVER SHEET**



DO NOT COPY	
Customer Name:  Customer's Medicare Number:  Agent Name:  Agent ID Number:	Number of Pages (including cover sheet):
Faxing Instructions (If you need additional cover sheets, vall applications must be faxed to Cigna. All faxed applications Fax your applications within the first 24 – 48 hours to preval when faxing several applications at one time, please inclusions are series of the	ns must have this Cigna sales cover sheet as the first page. vent delays.  ude a cover sheet as the first page of each application.
To prevent applications from being placed in the Reque application before faxing and confirm you have completed. Application has been signed and dated correctly by both Eligibility has been confirmed and correct plan is selected. Medicare number is correct on the application. First name, middle initial/name, last name (should be the Physical address and county (cannot be a P.O. Box num Mailing address (if different from physical address). Scope of Appt. AVL# in the area provided above. How did you obtain the application?  ☐ Home visit. ☐ Seminar. ☐ Office walk-in. ☐ Other	the customer and the agent d same as on Medicare card) ber)

> Alabama (includes Alabama, Florida Panhandle and Mississippi): 1-877-818-8162

> Arizona: 1-855-531-9754

> Arkansas: 1-877-818-9299

> Atlanta: 1-855-826-3789

> Colorado: 1-833-227-0905

> Illinois: 1-877-818-9225

> Kansas City: 1-844-372-4803

> MAPA (includes Maryland,

Pennsylvania, Delaware and

DC): 1-855-246-5870

> New Jersey: 1-833-569-6639 >

North Carolina: 1-855-826-3790

Central Florida (includes: Daytona Beach, Orlando and Tampa): 1-855-430-3495

> South Carolina: 1-855-826-3791

> Tennessee (includes North Georgia): 1-877-818-9299

> Texas: 1-877-818-8163



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