

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

FIRST NAME:

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LAST NAME:

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RELATIONSHIP TO ENROLLEE:

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SIGNATURE:

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AGENTS/BROKERS ONLY:

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National Producer Number:

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Office Use Only:

EFFECTIVE DATE OF COVERAGE:

M	M	/	D	D	/	Y	Y	Y	Y
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PLAN RECEIVED DATE:

M	M	/	D	D	/	Y	Y	Y	Y
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ELECTION TYPE: ☐ ICEP/IEP ☐ AEP ☐ OEP ☐ SEP

ATTACHED DOCUMENTS:

- ☐ Scope of Appointment Form ***Required for Agent Assisted Enrollments**
☐ Attestation of Eligibility Form ***Required for All Enrollments Except AEP**
☐ Chronic SNP Pre-Qualification Form ***Required for C-SNP Enrollments**
☐ Other: _____