

# Cigna Enrollment Form Cover Sheet



**DO NOT COPY**

**Customer Name:** \_\_\_\_\_ **Number of Pages (including cover sheet):** \_\_\_\_\_  
**Customer's Medicare Number:** \_\_\_\_\_ **Included (please check all applicable):**  
**Agent Name:** \_\_\_\_\_  Application  Power of Attorney (POA)  
**Agent ID Number:** \_\_\_\_\_  Scope of Appointment (SOA)  
 SOA Confirmation Number (AVL#): \_\_\_\_\_

**Faxing Instructions** (If you need additional cover sheets, visit: **CignaMedicareProducers.com**):

All applications must be faxed to Cigna. All faxed applications must have this Cigna sales cover sheet as the first page.

- Fax your applications within the first 24–48 hours to prevent delays.
- When faxing several applications at one time, please include a cover sheet as the first page of each application.
- If you send in three applications at once, make sure you include three cover sheets, one on top of each application.

**To prevent applications from being placed in the Request for Information (RFI) process, double-check your application before faxing and confirm you have completed and included the following:**

- Application has been signed and dated correctly by both the customer and the agent
- 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 same as on Medicare card)
- Physical address and county (cannot be a PO Box number)
- 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: \_\_\_\_\_

**Please use the appropriate fax number listed below to fax the application:**

- 2021 Applications: **1-877-818-8163**
- Single SOA Forms Only: **1-877-818-9299**



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