

PRIORITY FAX

10: Premier Senior Marketing		rax: 1-800-	<u>-090-6312</u>
Email to: applications@premiersmi.	.com	Pages :	(Including this cover)
From: Date:			
Application Submission Form			
Please check each box to verify you have reviewed the attached application(s).			
County the Client Resides in is complete			
Doctor Name and PCP Number is listed on the application(s)			
If the client has Medicaid, Please list Medicaid Number on application(s)			
All Health/previous coverage answers are complete and Verified			
All signatures (both agent and client) are complete			
Election Code is Complete			
Dates (agent and client) are compliant and within CMS guidelines. Application must be submitted same day as agent signature date.			
Agent is fully certified and appointed in the state where the application(s) were written			
Scope attached when applicable.			
Names on Applications attached to this Fax:			
1.	Du	ring the Next 48	3 Hours I can be reached at:
	<u> </u>		#:
			•
2.		Agent Email:	

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