

We Help Agents Sell Medicare Better.

ENROLLMENT APPLICATIONS SUBMISSION CHECKLIST

WHEN COMPLETING THE APPLICATION:

Ц	USE THE MOST UP-TO-DATE APPLICATION FORM
	 Outdated forms will be delayed in processing. Check your <u>A3 Agent Portal</u> for questions on forms.
	Verify Client DOB
	Verify Client Address (including suite or unit number, correct zip code and city name, etc)
	Verify Client Legal Name
	Verify Effective Dates for Medicare Parts A & B
	Include Client's Beneficiary ID or Copy of Medicare ID Card
	o THIS IS VERY IMPORTANT – Applications submitted without a Beneficiary ID cannot be processed!
	Collect Client Payment Information (including a voided check for EFT payments)
	Provide Prior Coverage Information
	 Including Term Letters and ID Cards where applicable
	Confirm New Coverage Information
	 Including Effective Dates and Supporting Documentation where applicable
	Copy of Client's ID
_	Copy of Current Bank Statement
	Ensure all fields are COMPLETE and LEGIBLE – we MUST be able to read the application!
	Ensure Client has SIGNED the Application
WHEI	N SUBMITTING THE APPLICATION:
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For D	IGITAL application submissions go to PlanCompare Edge aper application submissions: Go to Enrollments within your A3 Agent Portal Click on "+ New Enrollment" Upload the completed Application Complete Your Writing Agent & Submitting Agent Information • IF YOU ARE NOT LICENSED TO SELL THE PRODUCT – please do not sign the application. • Submit a coversheet with the submitting agent and writing agent information.
For D	Apper application submissions go to PlanCompare Edge Apper application submissions: Go to Enrollments within your A3 Agent Portal Click on "+ New Enrollment" Upload the completed Application Complete Your Writing Agent & Submitting Agent Information IF YOU ARE NOT LICENSED TO SELL THE PRODUCT – please do not sign the application. Submit a coversheet with the submitting agent and writing agent information. Enter Your Client's Basic Information (or select from pre-existing Client List)