

Application Element	Instructions
Application Information	This section contains data elements that are required by CMS, used to determine if the consumer is eligible for Medicare, and used to determine if the consumer resides in the plan's service area
Name	The name should be spelled exactly as it is on the Medicare card. If the name is incorrect, the consumer's information cannot be verified in CMS systems and the enrollment application might not get processed.
Date of Birth	CMS requires that the Date of Birth and Gender be on the enrollment application in order for the enrollment application to be considered complete.
Home Telephone Number	The home phone number is not required, however, if the application is incomplete or inaccurate the consumer may need to be contacted by phone. Processing of the application could be delayed if the consumer cannot be reached by telephone for clarification.
Permanent Address	The permanent physical address of the consumer is required by CMS. If the physical address is missing on the enrollment application it is considered incomplete and it cannot be processed.
County	The county of residence determines the consumer's benefits however it is not required and will be populated based on United States Postal Service guidelines
Mailing Address	Mailing address is not required, but if the consumer's mailing address is different than their physical address, the full mailing address should be included.
Medicare Information	Name should be spelled exactly as it is on the Medicare card. The Medicare claim number is required by CMS in order to consider an enrollment application complete. If the Medicare number is incorrect or missing, the enrollment application cannot be processed.
Payment Options	Consumers should select the desired payment method. If the consumer selects EFT, they must include a voided check. If the information provided is not valid or if no selection is made, the payment method will default to coupon book.
Plan Choice	Plan Year _____ County _____ Product(Please select one that is appropriate for your area.) HMO _____ PPO _____ POS _____ PFFS _____ PDP _____ Plan Name (If you are unsure, check with local management. If the wrong plan is selected, the consumer could be placed on an incorrect plan. In order to correct an incorrect plan selection, a new application must be taken during a valid election period.) _____ Contract _____ PBP _____ Contract and PBP numbers are not required and can't be used in place of a plan selection.
Supplemental Benefits	Consumers can select supplemental plan benefits here i.e. dental, fitness, deluxe, if available in your area. Supplemental Benefits are not available with PDP.
Primary Care Physician	There are some UnitedHealthcare Medicare Advantage plans that request identification of a primary care physician. For these plans, if the primary care physician is not populated, then one will be auto assigned upon enrollment and consumer dissatisfaction could occur.
ESRD	This question is required to be answered. ESRD is not a required question on PDP enrollment applications.
Institution	Consumers who reside in an institution may qualify for a Special Election Period (SEP)
Medicaid	This is requested, but not required. Medicaid information is required for certain plans.
Other Insurance	Knowing this information determines if there is a need for coordination of benefits
Signature	The consumer or authorized representative must sign and date the enrollment application. If the Authorized Representative signs the enrollment application, his/her contact information is also required.
Sales Agent Signature	<ul style="list-style-type: none"> •The agent must sign, date, and submit the enrollment application to UnitedHealthcare within 24 hours of receipt. If the agent does not sign and date the enrollment application the effective date will be based on when UnitedHealthcare receives the enrollment application instead and may not be what the consumer requested. •The agent must provide a proposed effective date. If a proposed effective date is not entered on the completed enrollment application, the effective date will be based on the received date of the enrollment application by UnitedHealthcare/agent signature and the election period instead and may not be what the consumer requested. •An incomplete enrollment application may not be able to be processed timely and the consumer may ultimately be denied enrollment into the plan if any outstanding issue cannot be resolved timely.
Election Period	Use the Election Period Booklet to determine appropriate election type for the consumer. If the consumer qualifies for a SEP, the full reason must be given. For example, Code: SEP, Reason: Change in Residence; Code: SEP, Reason: Loss of EGHP Coverage