











2019 Plan Year Enrollment Application Submission Guidelines

Check with your manager or up line for preferred enrollment application submission method based on specific plan. If advised to send paper applications directly to UnitedHealthcare, refer to the information below and send application to the appropriate enrollment center, based on plan type. Use the "Preferred Submission Method" column whenever possible.

Ensure each enrollment application is complete, accurate, and legible.

Submit applications within 24 hours of receipt.

Plan Name	Preferred Enrollment Application Submission Method	Non-preferred Enrollment Application Submission Method (Use if fax is not an option)	Scope of Appointment Instructions
 UnitedHealthcare Medicare Advantage (MA) and Prescription Drug Plans (PDP) Includes: <ul style="list-style-type: none"> • AARP-branded MA and PDP (all) • UnitedHealthcare-branded MA and PDP (all) • Care Improvement Plus-branded MA (all) • Chronic SNP (all) • Dual SNP (Includes C&S Expansion and New Markets) 			
 UnitedHealthcare DSNP NY (H3387-010), TN (H0251-002) AZ (H0321-002/004)	*Secure Email to: mrenrollment@uhc.com	Overnight delivery² to:	*Secure Email to: mrenrollment@uhc.com
 Preferred Care Partners	or Fax ¹ to: 1-501-262-7070	UnitedHealthcare 3315 Central Avenue Hot Springs, AR 71913	or Fax Scope of Appointment form only (without application attached) to:
 Sierra Spectrum Plan	or 1-866-994-9659		1-866-994-9659
 MEDICA HEALTHCARE Medica HealthCare Plans			
 Symphonix PDP			
<p>Use this information for <u>2019</u> Effective Dates Only: (see below for 2018 submissions)</p> <p>Senior Dimensions Plan (H0609 – formally H2931-002/004)</p> 			

 UnitedHealthcare Senior Care Options MA (H2226-001)	Fax ¹ to: 1-855-250-2168	Standard delivery to: UnitedHealthcare 950 Winter Street Suite 4840 Waltham, MA 02451	*Secure Email to: mrenrollment@uhc.com or Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659
Use this informatin for 2018 Effective Dates Only: Senior Dimensions Plan (H2931-002/004) 	Fax ¹ to: 1-702-304-7460 Attn.: Government Programs	Overnight delivery² to: Senior Dimensions (HPN) 2716 N Tenaya Way Las Vegas, NV 89128	
 Medicare Supplement Plans insured by UnitedHealthcare Insurance Company	Standard delivery to: UnitedHealthcare Insurance Company Enrollment Division P.O. Box 105331 Atlanta, GA 30348-5331 Overnight delivery² to: (must arrive by 9am) to: UnitedHealthcare Insurance Company Enrollment Division 4868 GA Highway 85, Suite 100 Forest Park, GA 30297	Fax ¹ to: 1-888-836-3985	N/A

***How to Email a Paper Enrollment Application or Scope of Appointment (SOA) to UnitedHealthcare:**

- Convert an application and/or SOA to a separate, non-editable PDF or TIFF (no greater than 15 MB). Do not scan/convert multiple applications and SOA forms into a single PDF or TIFF.
- Attach to email (email must not exceed 15 MB).
- Send via [UnitedHealthcare's secure email](mailto:mrenrollment@uhc.com) to mrenrollment@uhc.com. Failure to do so may result in corrective and/or disciplinary action.
Note: If you do not have access to UnitedHealthcare's secure email, send a request for access to UnitedHealthcare's secure email to PHD@uhc.com. Do not send the application or SOA to the PHD with the request. The PHD will send to you a secure email in return, which will enable you to access and register to use UnitedHealthcare's secure email service.
Smart Tip: Bookmark UnitedHealthcare's secure email service so you easily access it.
- After emailing an application and/or SOA, you will immediately receive an email from mrenrollment@uhc.com that confirms your email was delivered.
- Expect a confirmation email** (1-4 hours) with a listing of the file(s) received by Conduent (formerly Xerox) for processing. Note: While all files received will be listed, only those with a ".pdf" or a ".tiff" extension will be processed. All others must be re-submitted as ".pdf" or ".tiff".

¹Fax cover page is required. Any fax cover page is acceptable as long as it contains the following statement in its entirety:
CONFIDENTIALITY NOTICE: Information accompanying this facsimile is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed. Such recipient shall be liable for using and protecting UnitedHealthcare's information from further disclosure or misuse, consistent with applicable contract and/or law. The information you have received may contain protected health information (PHI) and must be handled according to applicable state and federal laws, including, but not limited to HIPAA. Individuals who misuse such information may be subject to both civil and criminal penalties. If you believe you received this information in error, please contact the sender immediately.

²Agents are responsible for covering the cost of overnight mail service.