

URGENT AND CONFIDENTIAL
**MEDICARE ENROLLMENT
 TRANSMITTAL**

FAX TO (559) 251-0506 OR SECURE UPLOAD AT WWW.MYSENIORSALES.COM

TO: First Sierra Insurance	DATE:
FROM:	NO. OF PAGES INCLUDING COVER:
SENDER TEL#:	SENDER EMAIL ADDRESS:

APPLICATIONS TO BE SUBMITTED BY FIRST SIERRA INS.

You are required to submit a Scope of appointment with every MA and PDP you submit

Beneficiary Name:	Carrier:	Plan Type:	Effective Date:
	<input type="checkbox"/> ABC <input type="checkbox"/> BS/C1st <input type="checkbox"/> BND <input type="checkbox"/> Humana	<input type="checkbox"/> PDP <input type="checkbox"/> M/S <input type="checkbox"/> MAPD <input type="checkbox"/> MA	
	<input type="checkbox"/> ABC <input type="checkbox"/> BS/C1st <input type="checkbox"/> BND <input type="checkbox"/> Humana	<input type="checkbox"/> PDP <input type="checkbox"/> M/S <input type="checkbox"/> MAPD <input type="checkbox"/> MA	
	<input type="checkbox"/> ABC <input type="checkbox"/> BS/C1st <input type="checkbox"/> BND <input type="checkbox"/> Humana	<input type="checkbox"/> PDP <input type="checkbox"/> M/S <input type="checkbox"/> MAPD <input type="checkbox"/> MA	
	<input type="checkbox"/> ABC <input type="checkbox"/> BS/C1st <input type="checkbox"/> BND <input type="checkbox"/> Humana	<input type="checkbox"/> PDP <input type="checkbox"/> M/S <input type="checkbox"/> MAPD <input type="checkbox"/> MA	
	<input type="checkbox"/> ABC <input type="checkbox"/> BS/C1st <input type="checkbox"/> BND <input type="checkbox"/> Humana	<input type="checkbox"/> PDP <input type="checkbox"/> M/S <input type="checkbox"/> MAPD <input type="checkbox"/> MA	
	<input type="checkbox"/> ABC <input type="checkbox"/> BS/C1st <input type="checkbox"/> BND <input type="checkbox"/> Humana	<input type="checkbox"/> PDP <input type="checkbox"/> M/S <input type="checkbox"/> MAPD <input type="checkbox"/> MA	
	<input type="checkbox"/> ABC <input type="checkbox"/> BS/C1st <input type="checkbox"/> BND <input type="checkbox"/> Humana	<input type="checkbox"/> PDP <input type="checkbox"/> M/S <input type="checkbox"/> MAPD <input type="checkbox"/> MA	
	<input type="checkbox"/> ABC <input type="checkbox"/> BS/C1st <input type="checkbox"/> BND <input type="checkbox"/> Humana	<input type="checkbox"/> PDP <input type="checkbox"/> M/S <input type="checkbox"/> MAPD <input type="checkbox"/> MA	
	<input type="checkbox"/> ABC <input type="checkbox"/> BS/C1st <input type="checkbox"/> BND <input type="checkbox"/> Humana	<input type="checkbox"/> PDP <input type="checkbox"/> M/S <input type="checkbox"/> MAPD <input type="checkbox"/> MA	

All Anthem Blue Cross, Blue Shield, Brand New Day, Care1st Medicare Advantage and Prescription Drug applications **must be submitted to our office within 24 hours of agent receipt.**

Medicare Supplement applications must be received within 30 days of signature and prior to requested effective date.

All other carrier applications must be submitted direct to the specific carrier within 24 hours of agent receipt. For application assistance please contact our Sales Support Team at 877-315-3097 or email apps@myseniorsales.com.

YOU NEED TO HAVE A RESPONSE CONFIRMATION ON ALL APPLICATIONS SUBMITTED.
 APPLICATION DEADLINE IS 4:00 P.M. THE LAST DAY OF THE MONTH