



Medicare Supplement Faxed Application

To:	Wakely and Associates	From:	_____
	Medicare Supplement	Tel #:	_____ Ext. _____
	Faxed Application	Fax #:	_____
Fax:	(877) 431-7371	Date:	_____
		Total Pages:	(Including this one)

Applicant Name:	_____
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The following documents necessary for processing an application by fax have been included in the following order:

- | | |
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| <input type="checkbox"/> 1. Application
<input type="checkbox"/> 2. HIPAA Notice
<input type="checkbox"/> 3. Agent Certification
<input type="checkbox"/> 4. Bank Draft/EFT Authorization (choose one bank draft option below)
<input type="checkbox"/> Draft When Policy Is Issued
<input type="checkbox"/> Draft on Normal Draft Cycle After Policy is Effective and In Force | <input type="checkbox"/> 5. Copy of Voided Check
<input type="checkbox"/> 6. Replacement Form (if required)
<input type="checkbox"/> 7. Guarantee Issue Documentation (if required)
<input type="checkbox"/> 8. State Specific Forms (if required) |
|--|---|

Additional Comments:

IMPORTANT:

- A confirmation of the receipt of the application will be faxed back to you at the number you provided above within 24 hours
- Agents do not need to send the original documents, but must retain the originals for a minimum of 6 months from the date of submission for verification purposes. It is the agent's responsibility to protect the confidentiality of the originals in accordance with HIPAA privacy guidelines.

Policies with an effective date between the 1st and 10th of the month will draft on or about the 10th of the month.

Policies with an effective date between the 11th and 20th of the month will draft on or about the 20th of the month.

Policies with an effective date between the 21st and 28th of the month will draft on or about the 28th of the month.

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