Cigna HealthSpring™

# Cigna-HealthSpring Sales Cover Sheet

Application ☐

POA ☐

Scope of Appointment ☐

Number of pages (including coversheet) _____

**Notes**

Agent Name Agent ID

## INSTRUCTIONS:

All applications **must** be faxed into Cigna-HealthSpring. All faxed applications must have this Cigna-HealthSpring Sales Cover Sheet as the first page.

When faxing several applications at one time, please include a cover sheet as the first page of **each** application. If you send in three apps at once, make sure you include three cover sheets, one on top of each application. If you need additional cover sheets, visit http://www.cignahealthspring.com/agentresources

Please use the fax number below to fax the application into the appropriate market.

**Atlanta - (855) 826-3789**
**Illinois and Indiana - (877) 818-9225**
**North Carolina - (855) 826-3790**
**South Carolina - (855) 826-3791**
**Pennsylvania - (855) 246-5870**
**Texas** ***(Texas, Oklahoma, and Western Arkansas)*** **- (877) 818-8163**
**Maryland** ***(Maryland, DC, and Delaware)*** **- (855) 246-5867**
**Tennessee** ***(Tennessee, North Georgia, North Mississippi, Eastern Arkansas)*** **-(877) 818-9299**
**Alabama** ***(Alabama, Florida, and South Mississippi)*** **- (877) 818-8162**

**Scope of Appointment Confirmation Number** _____