How to Use Cisco Secure Email for Agent Change Request Forms

for AARP® Medicare Supplement Insurance Plans from UnitedHealthcare®

Follow these helpful tips to ensure you are sending Agent Change Request forms to UnitedHealthcare properly through Cisco secure email:

1. Make sure you have access to Cisco Secure Email.

If you need access, please send a request to the Producer Help Desk (PHD) at PHD@uhc.com. The PHD will send a secure email in reply, which will enable you to access and register to use UnitedHealthcare's secure email service. Please do not send any email attachments as part of your request.

NOTE: If you have received and opened a secure email from the PHD in the past and previously registered to use UnitedHealthcare's secure email service via https://res.cisco.com, you do not need to send an additional request for access.

2. Only Cisco Secure Email can be used to send Agent Change Request forms to UnitedHealthcare.

Refer to the forms for the specific email address to send the applicable form and attachments. Emails from a different secure email product cannot be processed.

3. Do not submit AARP Medicare Supplement Plan applications to UnitedHealthcare via Cisco Secure email.

Only Agent Change Request forms and their supporting documentation can be sent.

4. Do not protect each individual attachment.

Simply attach items to Cisco secure email. UnitedHealthcare cannot process protected attachments.

5. All attachments must be in a .JPG, .PDF or .TIF format.

No other formats will be accepted.

Thank you for your help in keeping member's personal information safe!

Remember, the Cisco secure email capability is only available for the following forms, found on Jarvis under Enrollments > Application Status: AARP Med Supp General Information Change - Form 1, AARP Med Supp Insured Information Change – Form 2, AARP Med Supp Back Termination and Refund Request – Form 3, AARP Med Supp Pending Apps – Form 4, AARP Med Supp Plan Changes – Form 4 for Plan Changers.

AARP | Medicare Supplement from UnitedHealthcare

Print Form • Fax to BILLING 248-524-7543 or via Cisco secure email to uhgeagentbill@prod.exelaonline.com. Only attachments in these formats are accepted: PDF, JPG, TIF.

AARP Medicare Supplement General Information Change (Form 1)

Use this form to submit changes to the insured member's date of birth or Medicare information, add/change EFT, and smoker usage. In addition, this form can be used to submit a plan termination request or to have application information corrected as stated below. Please complete ALL required fields marked with an asterisk (*) and mark the (☐) for information that needs to be updated. For pending enrollments, use AARP Medicare Supplement Pending Applications and Plan Changes (Form 4).

***Insured Member Name:**

***First:** _____ **MI:** ____ ***Last:** _____

***AARP Membership Number:** _____

***Agent Name:** _____

***Agent ID:** _____

***Agent Phone Number** _____

***Agent e-mail:** _____

***Name of Agent/Agency Representative** _____

☐ Termination Request - Must include supporting documentation

☐ Date of Death: (mm/dd/yyyy)

Premium refunds related to DOD are automatically processed (if reported within 6 months) and no further action is needed. If report occurs more than 6 months from DOD, a copy of the death certificate must be included with the request.

☐ Voluntary - Must include a written request to terminate plan, including a termination date, signed by the insured member. Note: requests must be submitted within 30 days prior to requested termination date. Any termination or refund requests more than 30 days must be submitted through UnitedHealthcare Customer Service for AARP Medicare Supplement Plans.

***Date of Birth (mm/dd/yyyy):**

☐ **Update Date of Birth (mm/dd/yyyy):**

Must include legal document

☐ Medicare Information Change Request

Must include a Copy of Medicare Card or CMS Award Letter

☐ **Medicare Number**

☐ **Medicare Part A Effective Date: (mm/dd/yyyy)**

☐ **Medicare Part B Effective Date: (mm/dd/yyyy)**

☐ EFT Add/Change Request

Must include the signed AARP Medicare Supplement Plans EFT automatic payment authorization form.

☐ Change of Smoker Rate Request

A letter will be mailed to the insured member asking him/her to attest to their smoker status. It must be completed and returned. Any rate change would begin the 1st day of the month after the letter is received in our office.

☐ Information Correction Request

Information indicated correctly on the application but is not displaying correctly in the portal/database. Please correct to match application. Please indicate what is not correct:

All changes submitted MUST include the required documentation. If the supporting documentation is not included, the request will not be processed. Changes are not considered effective until the first of the month after the form is received.

Agent Or Agent/Agency's Representative Signature **Date**

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THIS FORM IS FOR AGENT USE ONLY FOR AARP MEDICARE SUPPLEMENT INSURANCE PLANS

Do not add fields or handwritten comments to this document.

This form cannot be used for MA or PDP or any other UnitedHealthcare Plans