

New Business Fax Cover Sheet

For use by Senior Marketing Specialists contracted agents only

Agent Writing #:

Applicant Name:

Agent Name:

Carrier:

Agent Phone:

Date:

Agent Email:

(For email confirmations)

of pgs:

*****All boxes are required to be completed*****

Note: A confirmation from your fax machine is NOT a sufficient confirmation, BE SURE you receive an email from SMS confirming the receipt of each application.

Select ONE Method of Correspondence for Missing Information: *(If left blank it will be sent to the email on file)*

Phone Call (list phone number): _____

Email (list preferred email): _____

Methods of Submission:

By fax: 1-800-581-3657

1-800-556-1697

1-800-476-6901

By email: fax@smsteam.net

Any application submitted after 12 pm CT will be processed on the next business day!

Upon receipt of application, the SMS office will contact you if any information is missing or illegible. Please return all requests for information promptly, or the application may be subject to denial, may be pended or late, or commission may be withheld or delayed by the carrier.

MA/PDP APPLICATIONS SUBMITTED TO SMS MORE THAN 24-48* HOURS AFTER RECEIPT DATE ARE IN VIOLATION OF CMS RULES. *(*varies by carrier)*

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