



Submit by FAX # 817-410-5999

Application Coversheet

This is my First Application for this carrier

Please note that ALL Ancillary, ACA, Life, Medicare Supplement, Medicare Advantage or PDP applications are to be faxed directly to Empower Brokerage. **

Date: _____

Policy Type: MAPD/PDP MEDICARE SUPPLEMENT INDIVIDUAL MEDICAL
 ANCILLARY LIFE DISABILITY LTC ANNUITY

Agent Name: _____ Agent writing number (or N/A): _____

Carrier Name: _____ Effective Date: _____

Client Name: _____ Number of Pages including cover sheet: _____

- PLEASE SUBMIT TO CARRIER
- ONLINE APP COMPLETED
- APP SENT DIRECT TO CARRIER

Special Notes or instructions from agent:

THIS CASE REQUIRES MEDICAL EXAM

BEST DAY/TIME FOR CARRIER CALL _____

BEST DATE/TIME FOR MEDICAL EXAM _____

** If you are in receipt of a Medicare Advantage or PDP application after 5pm on Friday or Saturday, please fax directly to the carrier. You are still required to submit a copy of the application to PSA (please indicate on the cover sheet that the app was already faxed to the carrier). This is to ensure that all agents are in compliance with the carrier and HIPPA guidelines. *This exception does NOT apply to Ancillary, ACA, Medicare Supplement or Life applications.* To monitor the status of your application, please see the carrier new business portal