

AEP New Business Submission Form



To: Western Marketing New Business

From: _____

Total # of Pages (including this cover sheet): _____

Submitted via:

- Fax: (888) 507-1861
- Email: NewBusiness@wmacorp.com

Please Check Each Box to verify you have reviewed the attached application(s):

- County where Client Resides is listed
- Dr.'s Name and PCP Number is listed
- Medicaid Number is listed (if applicable)
- All Health/previous coverage answers are complete and verified
- All signatures (both Agent AND Client) are complete
- Election Code is listed
- Dates (Agent AND Client) are compliant within CMS guidelines. Application must be submitted same day as agent signature date.
- Agent is fully certified/appointed in state application(s) were written
- Scope of Appointment is attached

| Applicant: | Company: | Date: |
|-------------------|-----------------|--------------|
| 1. _____ | 1. _____ | _____ |
| 2. _____ | 2. _____ | _____ |
| 3. _____ | 3. _____ | _____ |
| 4. _____ | 4. _____ | _____ |
| 5. _____ | 5. _____ | _____ |

The best way to reach me for any missing requirements/corrections is:

Phone #: _____ Email: _____

Thank you—we appreciate your business!