



HEALTHSPRING

More from Medicare. More from life.

Bravo Health/HealthSpring Sales Cover Sheet

(to be used when sending applications for Bravo-branded products only)

Application
POA
Statement of Understanding
Scope of Appointment
Number of pages (including coversheet)

Notes

INSTRUCTIONS:

Beginning April 18, 2011, all applications **must** be faxed into Bravo/HealthSpring. All faxed applications must have this 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.healthspring.com/BrokerResources.aspx>

Please use the fax number (855) 245-3863 to fax all Bravo-branded applications.

Pennsylvania (all of Pennsylvania and New Jersey)

Maryland (Maryland, DC, and Delaware)

Texas (Dallas, El Paso, Houston, San Antonio)



Scope of Appointment Confirmation Number
