

How to complete UniCare's Enrollment Form

1. Complete the Enrollment Form

- Client Name
- Client Street Address
- City
- County
- State
- Zip
- Client Phone Number
- Sex
- Date of Birth
- Mailing Address (if different from Street Address)
- Choose Benefit Plan
- Medicare Claim Number
- Sex
- Part A Effective Date
- Part B Effective Date
- Choose Payment Option
- Answer Health Questions
- Complete Enrollment Period Information
- Have Client Sign and Date
- Agent Signature
- Date

2. Complete Agent Information

- Date Application Received from Client
- Print Agent Name
- Check whether or not you helped the client complete the application.
- Print Agency Name
- Agent/Broker Code Number
- Agent's Address
- Agent's Phone
- Agent's Fax
- Agent's Email
- Agent Signature
- Date

3. Submit Client Enrollment Form

- Enrollment forms can be faxed to Integrated Benefits, Inc. at the fax number below:

866-643-7508

OR

- Please send to the address below. **DO NOT** mail to the address on the Enrollment Form

**Integrated Benefits, Inc.
Attention: UniCare New Business
1510 Kanawha Blvd E.
Charleston, WV 25311**

If you have any questions please feel free to contact us at 1-800-962-4693.