

Agent Materials Request

(Allow 2 – 5 days for delivery)

Date of request _____ Phone number _____

Name of individual requesting information _____

Name of your Security Health Plan representative _____

I can pick up my order from Security Health Plan on ____ / ____ / ____

Mail materials to:

Attention _____ Agency _____

Address _____

City _____ State _____ ZIP _____

Please mail or fax this request form to:

Mail Center
 Security Health Plan
 PO Box 8000
 Marshfield, WI 54449-8000

Fax: 715.221.9500

Email: shp.agentmaterialrequests@securityhealth.org

Medicare Sales Kits / Enrollment Materials		
	Choose Plan Year/ Form Number	Quantity
Medicare Advantage HMO – Complete North Sales Kit (Essence, Esteem, Spirit) Includes: • Scope of Appointment • Formulary • Customer Guide • Star rating sheet • Enrollment Forms • Pre-enrollment checklist • Summary of Benefits • Agent checklist	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
North Customer Guide	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
North Enrollment Request forms	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Summary of Benefits North – Essence, Esteem, Spirit	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Short Enrollment Plan Change form – Essence, Esteem, Spirit)	HP-00154-94	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
HMO-POS Pre-enrollment Checklist (must accompany Summary of Benefits and Enrollment Request)	HP-00154-120	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____

Medicare Sales Kits / Enrollment Materials (continued)		
	Choose Plan Year/ Form Number	Quantity
Medicare Advantage HMO – South Sales Kit (Spirit, Assurance, Essence) Includes: • Scope of Appointment • Formulary • Customer Guide • Star rating sheet • Enrollment forms • Pre-enrollment checklist • Summary of Benefits • Agent checklist	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
South Customer Guide	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
South Enrollment Request forms	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Summary of Benefits South – Spirit, Assurance, Essence	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Short Enrollment Plan Change form – Spirit, Assurance, Essence	HP-00154-94-01	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
HMO-POS Pre-enrollment Checklist (must accompany Summary of Benefits and Enrollment Request)	HP-00154-120	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Medicare Advantage HMO – East Sales Kit (Surety, Promise) Includes: • Scope of Appointment • Formulary • Customer Guide • Star rating sheet • Enrollment forms • Pre-enrollment checklist • Summary of Benefits • Agent checklist	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
East Customer Guide	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
East Enrollment Request forms	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Summary of Benefits East – Surety, Promise	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Short Enrollment Plan Change form – Surety, Promise	HP-00154-94-02	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
HMO-POS Pre-enrollment Checklist (must accompany Summary of Benefits and Enrollment Request)	HP-00154-120	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____

Medicare Sales Kits / Enrollment Materials (continued)		
	Choose Plan Year/ Form Number	Quantity
Secure Saver MSA Sales Kit Includes: • Scope of Appointment • Star rating sheet • Customer Guide • Pre-enrollment checklist • Enrollment forms • Agent checklist • Summary of Benefits	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Secure Saver MSA Customer Guide	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Secure Saver MSA Enrollment Forms including banking forms	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Summary of Benefits Secure Saver MSA	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Secure Saver MSA Pre-enrollment Checklist (<i>must accompany Summary of Benefits and Enrollment Request</i>)	HP-00154-122	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Ally Rx D-SNP Sales Kit (limited service area) Includes: • Scope of Appointment • Formulary • Customer Guide • Star rating sheet • Enrollment forms • Pre-enrollment checklist • Summary of Benefits • Agent checklist	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Ally Rx D-SNP Customer Guide	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Ally Rx D-SNP Enrollment Request forms	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Summary of Benefits Ally Rx D-SNP	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Ally Rx D-SNP Pre-enrollment Checklist (<i>must accompany Summary of Benefits and Enrollment Request</i>)	HP-00154-121	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Medicare Supplement Sales Kit Includes: • Outline of Coverage with Premium Rate Sheet • Application	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Outline of Coverage with Premium Rate Sheet	<input type="checkbox"/> Current plan year <input type="checkbox"/> Upcoming plan year	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____ <input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____
Medicare Supplement Application	INS-00096	<input type="checkbox"/> 10 <input type="checkbox"/> 20 Other _____

Enrollment Materials Used Across All *Medicare Advantage or **Medicare Supplement Plans

	Form Number	Quantity		
Scope of Appointment form*	HP-00154-93	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Medicare Advantage HMO Agent Checklist	Y0117_MC-778-1216	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Secure Saver MSA Agent Checklist	Y0117_MC-778-3290	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Ally Rx D-SNP Agent Checklist	Y0117_MC-778-3401	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Automatic Premium Payment Plan brochure (Medicare Advantage*)	HP-00154-17	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Automatic Premium Payment Plan brochure (Medicare Supplement**)	HP-30182	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Abridged Formulary – Medicare Advantage HMO*	HP-00154-62-02	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Pharmacy Directory*	HP-00154-106	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Star Rating Sheet (Medicare Advantage HMO / D-SNP)	Y0117_MC-778-1328	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Star Rating Sheet (Secure Saver MSA)	Y0117_MC-778-3319	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____

Medicare Advantage HMO Materials – Other

Provider Directory North/South – Essence, Esteem, Spirit, Assurance	HP-00154-06	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Provider Directory East – Promise, Surety	HP-00154-06-01	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Evidence of Coverage (Rx plans) – Essence Rx	Y0117_MC-778-2512	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Evidence of Coverage (Rx plans) – Assurance Rx	Y0117_MC-778-2513	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Evidence of Coverage (Rx plans) – Spirit Rx	Y0117_MC-778-2510	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Evidence of Coverage (Rx plans) – Surety Rx	Y0117_MC-778-3225	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Evidence of Coverage (Rx plans) – Promise Rx	Y0117_MC-778-3226	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Evidence of Coverage (Rx plans) – Esteem Rx	Y0117_MC-778-3218	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Evidence of Coverage (non Rx plans) – Essence	Y0117_MC-778-2511	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Evidence of Coverage (non Rx plans) – Spirit	Y0117_MC-778-2509	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____

Medicare Advantage Ally Rx D-SNP Materials – Other

Evidence of Coverage – Ally Rx D-SNP	Y0117_MC-778-3221	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Provider Directory – Ally Rx D-SNP	HP-00154-06-02	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Abridged Formulary – Ally Rx D-SNP	HP-00154-62-03	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____

Secure Saver MSA Materials – Other

Evidence of Coverage – Secure Saver MSA	Y0117_MC-778-2811	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Other _____	# _____	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____

Medicare Supplement Materials – Other

“A Plan You Can Make Your Own” sales brochure	INS-00099	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Medicare Supplement Sales Sheet	INS-30003	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____

Individual and Family Materials				
	Form Number	Quantity		
Individual and Family Customer Guide	HP-30033-01	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Other _____
Health Insurance Application – Individual and Family	INS-00084	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Automatic Premium Payment Plan brochure (blue)	HP-00210	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Security Health Plan Provider Directory	INS-00012	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Other _____	# _____	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____

Group Materials				
Health Plan Change Request – Existing Group	INS-00054-02	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Subscriber Change Request	INS-00054-01	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Security Health Plan Provider Directory	HP-00012	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Group Health Insurance Application	INS-00014	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Employee Health Insurance Application – Small Business	INS-00141-01	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
2019 Information Request – Small Business	HP-00480	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Employer Application – Small Business	INS-00074-01	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Product Overview – Small Business	HP-30309	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Employee Health Insurance Application – Large Business	INS-00141-02	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Special Enrollment Rights Notice	HP-00105	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Other _____	# _____	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____

Generic Materials				
HIPAA Use and Disclose Protected Health Information Authorization	HP-00182	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Authorization to Use and Disclose Protected Health Information for Enrollment and Related Purposes	INS-00028	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Commercial Member Handbook	HP-30205	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Commercial Abridged Formulary Guide	HP-00115-01	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Other _____	# _____	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____
Other _____	# _____	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 50 Other _____