

Independence Blue Cross/AmeriHealth 2015 New Business Coversheet

Agent Name: _____ Writing Number: _____

Member Name: _____

Scope of Appointment Determination:

Is Paper SOA Attached?

YES	Check One	NO	Check One
		Face to face Independence Blue Cross/AHNJ Provided Preset Appointment resulting in Sale.	
		Face to face Independence Blue Cross/AHNJ Provided Preset Appointment resulting in sale to spouse or unexpected guest.	
		Self-generated Face to Face Appointment resulting in sale.	
		Informal Sales Event: Location: Date:	
		Formal Sales Event: Location: Date:	
		Sales Kit Mailed to Beneficiary: (NO FACE TO FACE) (Circle One if applicable) App faxed back to agent App emailed back to agent.	
		Same Day Scope of Appointment. ****Provide detailed explanation as to why the app was taken on the same day <u>on the Scope of Appointment.</u>	
		Independence Telephonic SOA Date: _____ Time: _____ Broker Care Specialist: Initial Method of Contact:	
Additional Comments:			

Fax OR Email Cover Sheet, Application, and Scope of Appointment (if applicable) to:

Fax: 888-638-6943 **Upload Feature** (available on RitterIM) **Email:** biz@ritterim.com (secure method only)

Phone: 800-769-1847 ext. 912

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