



Broker Submission Cover Sheet
(please check one of the below)

Broker name:
Representing agency:
E-mail and/or phone number:

New Application

Medical application - Individual PDP form (if needed) - MRS authorization form
Fax/e-mail to *Medical Underwriting* (866) 347-2380 or HapaApps@cvty.com

Member addition to existing contract

Medical application - MRS authorization form
Fax/e-mail to *Medical Underwriting* (866) 347-2380 or CHCHAPA1Indv@cvty.com

Member term from existing contract

Cancellation form indicating member(s) to be removed
Fax/e-mail to *Enrollment* (866) 294-4301 or HAPAGADMVTTY@cvty.com

Term entire contract

Cancellation form indicating policy to be terminated
Fax/e-mail to *Enrollment* (866) 294-4301 or HAPAGADMVTTY@cvty.com

Off-cycle plan change (plan change to occur mid-contract)

*Buy-downs ONLY

Plan change form (first page of application, mark "change form" box)
Fax/e-mail to *Medical Underwriting* (866) 347-2380 or CHCHAPA1Indv@cvty.com

Renewal plan change (plan change to occur at renewal)

*If more than 5 days prior to renewal date, make plan change in benefitexpress
-For buy-downs, change only needs to be made and saved in benefitexpress
-For buy-ups, make change in benefitexpress AND fax/e-mail new application to
Medical Underwriting for review

*If between 5 days prior to renewal and end of renewal month, fax request to
Marketing Department (866) 858-1521 or e-mail to rhuarnesche@cvty.com
-This is ONLY for buy-downs; buy-up requests MUST be submitted 5 or more days
prior to the renewal date

PDP company contract (for list bill only)

Fax to *Marketing* (866) 858-1521 or e-mail to rhuarnesche@cvty.com

Banking information update

Changes in banking information
Fax/e-mail to *Accounts Receivable* at (866) 635-9392 or HAPAARACH@cvty.com

Other / Additional notes

*For immediate assistance with the following, contact the CARE team at (800) 788-6503

- § Status of applications
- § Billing
- § Enrollment
- § ACH questions