



## Individual Medicare Broker Referral Form

### Instructions:

***Referring agent or agency must be contracted with CDPHP to sell our commercial products.***

***Referral form must be received by CDPHP before prospect contacts us.***

***We cannot contact prospects directly without their consent. If the prospect does not sign below, they must call us at 1-888-519-3363 to arrange a one-on-one meeting or telephone conversation. Please direct prospective members to this number.***

***Medicare Advantage Plans: For each prospect who enrolls and remains an active member for 90 days, a one-time \$100 referral fee will be paid as part of the broker's regular commission payment.***

**Prospect must reside in one of our 26 service area counties:** Albany, Broome, Chenango, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Tioga, Warren, and Washington.

Prior to giving prospect phone number above, please complete this form and:

- Fax to Medicare inside sales at (518) 641-5006, or
- Email to [medicare\\_inside\\_sales@cdphp.com](mailto:medicare_inside_sales@cdphp.com) and cc: [Ryan.Mark@cdphp.com](mailto:Ryan.Mark@cdphp.com).

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Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage plan, prescription drug plan, or other Medicare plan.

Prospect's Name: \_\_\_\_\_

Prospect's Street Address: \_\_\_\_\_  
\_\_\_\_\_

Prospect's City, State, Zip: \_\_\_\_\_

Prospect's Phone: \_\_\_\_\_ Prospect's County: \_\_\_\_\_

Prospective Effective Date: \_\_\_\_\_

Broker #: BP00000 \_\_\_\_\_

Referring Agent Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Enrollment must take effect within 90 days of receiving the referral form to be eligible for payment.