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 18 service area counties: Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Jefferson, Lewis, Montgomery, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, 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

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 and Signature: _____

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.