



2020 Order Form

ENROLLMENT MATERIALS FOR BROKERS

Please complete and return this form to **Medicare Broker Services**:

Email: medicarebrokerservices@centene.com **FAX:** 800-309-5095 **Phone:** 844-202-6811



- Limit of **50** per each kit or materials.
- Orders **cannot** be shipped to P.O. Boxes.
- Allow 7 business days for orders to ship.
- Materials are packed up to 30 kits per box. Boxes will not exceed 25 lbs.

Requestor information

Name _____ Broker ID/NPN _____

Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Send confirmation email to: Same as listed above Other 1 _____

Other 2 _____ Other 3 _____

| |
|---|
| <input type="checkbox"/> Residence |
| <input type="checkbox"/> Business |
| <input type="checkbox"/> Storage facility |

Shipping/
storage
instructions

| Illinois plan kit | Qty. |
|-------------------------|------|
| Allwell Medicare (HMO) | |
| H1475-001 (ILMA201995E) | |

| Geo code directory ¹ | ZIP 1 | ZIP 2 | ZIP 3 | Qty. |
|---------------------------------|-------|-------|-------|------|
| | | | | |
| | | | | |

¹ Limit of 75 per each directory

| Illinois forms/bulk materials | ENG | SPN |
|-------------------------------------|-----|-----|
| Extra Benefits (H1475 001 HMO MAPD) | | |
| 2020 Plan Ratings (H1475 HMO) | | |
| Pre Enrollment Checklist | | |
| Long enrollment form | | |
| Directory Flyer | | N/A |
| Transition of Care | | |

| Illinois plans | Counties |
|------------------------|------------------|
| Allwell Medicare (HMO) | |
| H1475-001 | Cook, Kane, Will |