Enrollment Form Fax Submission Cover

Fax each enrollment separately, along with this form, to 844-541-6848.
All enrollment submissions must be made no later than two calendar days of the application signing date. Enrollment applications must be completed fully, including signatures and dates. Broker Services will send a confirmation email for every successful receipt of a paper enrollment sent to the Molina Medicare enrollment fax line.

Agent/Broker Name:	
Agent/Broker Writing ID:	
Date:	**Phone:**

Beneficiary Name:	
State of Resident:	**AZ CA FL ID IL KY MA MI NM NV NY OH SC TX UT VA WA WI**
Is Member?	☐ **New** ☐ **Existing** ☐ **Former**

Attachments:

Document Name	Pages
Enrollment Form	
Power of Attorney, Guardianship or Conservatorship Docs	
Scope of Appointment	
In-home Check List	
Witness Translator Form	
Other Documents	
Total # of pages	

Comments:

Molina Medicare
Witness Translation and Signature
Witness Form

Print Name of Medicare Beneficiary _____ Today's Date _____

TRANSLATION: Check those that apply when the sales presentation is translated by another party.		**WITNESS:** Check those that apply when the enrollment presentation or application signature is witnessed by another party.	
	Translation into Spanish. No Spanish materials available.		Sight impaired.
	Translation into another language by another individual present at the sales presentation. *Language:* _____		Non-standard signature ("X", line, initials, first name). (The witness may be the sales rep or broker agent.)
	Presentation in American Sign Language for beneficiary with impaired hearing.		Disabled (Has not delegated legal authority). Signed form with a non-standard signature witnessed
	Translation over a speaker phone using the Language Translation Line. *Language:* _____		Cognitive impairment but has not delegated legal authority. Caretaker who assists with healthcare decisions was present for the sales presentation.

COMPLETED BY TRANSLATOR/WITNESS:

Name (PRINT) _____ Signature _____

Relationship to Medicare Beneficiary _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone Number _____