



**Secure Horizons / United Health Care / AARP Electronic Enrollment  
FAX**

Date: \_\_\_\_\_

# of Pages \_\_\_\_\_  
including 1 cover sheet

Agent Name: \_\_\_\_\_ Agt.# \_\_\_\_\_

Preferred method  
Of contact

\_\_\_\_\_ Agent cell phone#: \_\_\_\_\_

\_\_\_\_\_ Agent office #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**To: Electronic Application Dept.**

**Fax: 727-499-0747**

(Fax Help Desk: 727-773-8867 ext. 257-- 8:00 AM to 5:00 PM EST)

**IMPORTANT:**

- Only ONE application per fax sheet.
- Retain your fax confirmation documentation– you may need it !!!!
- If this is a WAL-MART app, write “Wal-mart” in top, right corner of app.

**Applicant’s Name (One fax cover sheet per application):**

1. \_\_\_\_\_

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