



Event Request Form

Date Event Request Submitted: _____

Please complete the following information and submit to your WellCare market sales office for approval.

Event Host First/Last Name: _____

Event Host Producer Writing #: _____

Alternate Event Host First/Last Name: _____

Alternate Event Host Producer Writing #: _____

Event Host Contact Phone #: _____

Event Host Email: _____

Event Type (check one):

- | | |
|---|---|
| <input type="checkbox"/> Formal Sales Event | <input type="checkbox"/> Informal Sales Event |
| <input type="checkbox"/> Formal Vulnerable Populations (VPOP) | <input type="checkbox"/> Informal Vulnerable Populations (VPOP) |
| <input type="checkbox"/> Educational Event | <input type="checkbox"/> New Member Orientation Events |

IMPORTANT! If this is a VPOP event, the VPOP Event Authorization Form must be completed/submitted in addition to this form.

Event Information:

Location Name: _____ Start Date: _____

Start Time: _____ End Time: _____

Event Address Line 1 (nearest physical address): _____

City: _____ State: _____

Zip: _____ County: _____

Venue Contact First/Last Name: _____

Venue Contact Phone: _____

Producers will receive notification with an event confirmation code when the event is uploaded to CMS and has been approved by WellCare. Please retain the event confirmation code for use during Appointment Verification Calls.

Office use ONLY:

Approved by: _____ Date: _____
WellCare Manager's Signature

Event Code: _____