



## Coalition of Agencies in Service to the Elderly Bio Information Form

Date: **August 25, 2015**

Name: **Maria Schenk**

Title: **Medicare Sales Representative**

Agency Name: **Univera Healthcare**

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What age range do you serve? **any person on Medicare**

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A brief description of your position: **I assist Medicare eligible individuals in selecting there healthcare needs**

A brief description of what your agency does: **Univera Healthcare offers products for everyone**

Please list any other programs your agency provides: **Individual Plans, Group Health Plans & Medicare Plan options**