

Scope of Sales Appointment Confirmation Form Page 1 of 2

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.
(Refer to page 2 for product type descriptions)

- | | |
|--|---|
| <input type="checkbox"/> Stand-alone Medicare Prescription Drug Plans (Part D) | <input type="checkbox"/> Hospital Indemnity Products |
| <input type="checkbox"/> Medicare Advantage Plans (Part C) and Cost Plans | <input type="checkbox"/> Medicare Supplement (Medigap) Products |
| <input type="checkbox"/> Dental/Vision/Hearing Products | |

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature	Signature Date
If you are the authorized representative, please sign above and print clearly and legibly below:	
Name (First_Last)	Relationship to Beneficiary

To be completed by Agent (please print clearly and legibly)		
Agent Name (First_Last) <i>Karen Archer</i>	Agent Phone <i>866-4825</i>	Agent ID <i>2131881</i>
Beneficiary Name (First_Last)	Beneficiary Phone (Optional)	Date Appointment will be Completed
Beneficiary Address (Optional)		
Initial Method of Contact	Plan(s) the agent will represent during the meeting	
Agent's Signature <i>K. Archer</i>		
Scope of appointment (SOA) is subject to CMS Record Retention Requirements Agent, if the form was not signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: Please check all that apply		
<input type="checkbox"/> Unplanned Attendee <input type="checkbox"/> New SOA required (consumer requested other Health Product information) <input type="checkbox"/> Walk-in <input type="checkbox"/> Other (please explain): _____		
Fax to: 1-866-994-9659		