



INDIVIDUAL INFORMATION SHEET

Please print legibly and complete all sections in full.

Please return by secured email or fax completed form to 803.336.2300 or you can drop off the form at the office

APPLICANT INFORMATION

NAME: (Last) (First)
PHYSICAL ADDRESS: (Street) (City) (State) (Zip) (County)
MAILING ADDRESS: (Street or PO Box) (City) (State) (Zip)
EMAIL: CELL PHONE: HOME PHONE:
HOW DID YOU HEAR ABOUT US?

Table with 10 columns: FAMILY MEMBER, NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, MEDICARE NUMBER, PART A EFF DATE, PART B EFF DATE, GENDER, TOBACCO USE, COVERED BY OTHER HEALTH INSURANCE? Rows for PRIMARY and SPOUSE.

FOLLOW UP

1. Would you like us to follow up with you regarding other insurance products? [ ] Y [ ] N If yes, which products are you interested in?
[ ] Dental/Vision [ ] Critical Illness [ ] Disability [ ] Cancer [ ] Accident [ ] Life
[ ] Medicare Supp [ ] Medicare Advantage [ ] Long Term Care
2. Do you authorize us to email you? [ ] Y [ ] N \_\_\_\_ initial here 3. Do you authorize us to text you? \_\_\_\_ Y \_\_\_\_ N \_\_\_\_ initial here

NON-DISCRIMINATION STATEMENT

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans when we enroll members or provide benefits. If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD). I have read and understand this statement.

CERTIFICATION

Carolina Health Connections, LLC collects personal information directly from our clients. However, we may collect your information from other sources with your consent or as authorized by law. Only the personal information needed to provide services to our clients is requested. The services include, but are not limited to, enrollment, application, and consideration for benefit programs or policies. Personal information means information about an identifiable individual. This includes an individual's name, home address and phone number, age, sex, marital or family status, an identifying number, or financial information. We protect personal information in a manner appropriate for the sensitivity of the information following HIPAA laws. We make every reasonable effort to prevent any loss, misuse, disclosure or modification of personal information, as well as any unauthorized access to personal information. We use appropriate security measures when destroying personal information, including shredding paper records and permanently deleting electronic records. This information is never sold.

AUTHORIZATION TO ACT ON YOUR BEHALF

I have personally reviewed all information and am authorizing Susan Hug, NPN# 2600743, to act on my behalf for 365 days from the date of this notice. This applies to my Health Benefits application.

SIGNATURE: DATE:

Carrier: MedSupp/MA: Carrier: PDP:



# Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual 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)

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C) and Cost Plans
- Dental/Vision/Hearing Products
- Hospital Indemnity Products
- Medicare Supplement (Medigap) 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 or future enrollment, or enroll you in a Medicare plan.

**Beneficiary or Authorized Representative Signature and Signature Date:**

Signature:	Signature Date:
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**If you are the authorized representative, please sign above and print below:**

Representative's Name:	Your Relationship to the Beneficiary:
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**To be completed by Agent:**

Agent Name: <b>Susan Hug</b>	Agent Phone:
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Beneficiary Name:	Beneficiary Phone:
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Beneficiary Address:

Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)

Agent's Signature:

Plan(s) the agent represented during this meeting:	Date Appointment Completed:
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**[Plan Use Only:]**

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

\*Scope of Appointment documentation is subject to CMS record retention requirements \*

*Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.*

## **Stand-alone Medicare Prescription Drug Plans (Part D)**

**Medicare Prescription Drug Plan (PDP)** : A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

## **Medicare Advantage Plans (Part C) and Cost Plans**

**Medicare Health Maintenance Organization (HMO):** A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Preferred Provider Organization (PPO) Plan:** A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

**Medicare Private Fee-For-Service (PFFS) Plan:** A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

**Medicare Point of Service (POS) Plan:** A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**Medicare Special Needs Plan (SNP):** A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan:** MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan:** In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

**Medicare Medicaid Plan (MMP):** An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.

## **Dental/Vision/Hearing Products**

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

## **Hospital Indemnity Products**

Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

## **Medicare Supplement (Medigap) Products**

Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.