

DATE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (AGE) \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

SOCIAL # \_\_\_\_\_

LEGAL NAME: \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY: \_\_\_\_\_

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

FAX: 732-377-8733

Email: [LynneClausen@gmail.com](mailto:LynneClausen@gmail.com) or

[Sue.iBenefits@gmail.com](mailto:Sue.iBenefits@gmail.com)

TRUSTED MEDICARE ADVOCATES

877-614-1279

On Medicare Now \_\_\_\_\_  
 Collecting SS yet: \_\_\_\_\_  
 SMOKER: \_\_\_\_\_

**NOTE:** Please let me know if you have been admitted into hospital as in inpatient within the past 90 days? Do you have end stage renal disease? Are you currently receiving dialysis? Diagnosed with Kidney Disease that may require dialysis? Had organ transplant, back or spine surgery, joint replacement, surgery for heart, vascular or cancer.

### RED/WHITE & BLUE MEDICARE CARD INFO

MEDICARE # \_\_\_\_\_

PART A effective DATE: \_\_\_\_\_

PART B effective DATE: \_\_\_\_\_

Born in (City/State): \_\_\_\_\_

**ANY OTHER SITUATIONS WE SHOULD BE AWARE OF?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMING OFF OF

EMPLOYER PLAN: \_\_\_\_\_

more than 20 ees: \_\_\_\_\_

Current Employer Plan Insurance Carrier: \_\_\_\_\_

Type of Plan: \_\_PPO\_\_ POS\_\_ EPO/HMO

How much are you paying/contributing to this plan: \$ \_\_\_\_\_

**Medicare charges for Part B** (additional income related portion -IRMAA) MONTHLY amount below; BILLED quarterly or taken out of your SS if you are collecting. If you want those charges on your quote calculation analysis to show everything that you will be paying please circle the tier below that applies to you. You can find this on your last tax return under Line #37

TIER	INDIVIDUAL RETURN ADJUSTED GROSS INCOME	JOINT RETURN ADJUSTED GROSS INCOME	MEDICARE PART B COST	MEDICARE PART D COST
1	\$85K or Less	\$170k or Less	\$135.50	PREMIUM FOR RX PLAN
2	\$85 - \$107k	\$170 - \$214K	\$189.60	\$12.40
3	\$107 - \$133,500k	\$214 - \$267K	\$270.90	\$31.90
4	\$133,501 - \$160k	\$267 - \$320K	\$352.20	\$51.40
5	\$160k - \$500k	\$320k - \$750k	\$433.40	\$70.90
6	Greater than \$500k	Greater than \$750k	\$460.50	\$77.40

**2019 RATES DISPLAYED – MED SUP PLAN G IS NOW \$185. DEDUCTIBLE FOR PART B EXPENSES**



## 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.)

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

**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.

<b>Beneficiary or Authorized Representative Signature and Signature Date:</b>	
Signature:	Signature Date:
<b>If you are the authorized representative, please sign above and print below:</b>	
Representative's Name:	Your Relationship to the Beneficiary:
<b>To be completed by Agent:</b>	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
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:
<b>[Plan use only]</b>	
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	
<b>Stand-alone Medicare Prescription Drug Plans (Part D)</b>	
<b>Medicare Prescription Drug Plan (PDP):</b> 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.	

<b>Medicare Advantage Plans (Part C) and Cost Plans</b>
<b>Medicare Health Maintenance Organization (HMO):</b> 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).
<b>Medicare Preferred Provider Organization (PPO) Plan:</b> 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.
<b>Medicare Private Fee-For-Service (PFFS) Plan:</b> 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.
<b>Medicare Point of Service (POS) Plan:</b> 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.
<b>Medicare Special Needs Plan (SNP):</b> 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.
<b>Medicare Medical Savings Account (MSA) Plan:</b> 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.
<b>Medicare Cost Plan:</b> 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.
<b>Medicare Medicaid Plan (MMP):</b> An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.
<b>Dental/Vision/Hearing Products</b>
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.
<b>Supplemental Health Products</b>
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.
<b>Medicare Supplement (Medigap) Products</b>
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.

Scope of Appointment documentation is subject to CMS record retention requirements.