

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 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 the following page for product type descriptions.)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Stand-alone Medicare Prescription Drug Plans |
| <input type="checkbox"/> | Medicare Advantage Plans |
| <input type="checkbox"/> | Dental/Vision/Hearing Products |
| <input type="checkbox"/> | Critical Illness and Accident Products |
| <input type="checkbox"/> | Medicare Supplement (Medigap) Products |

By signing the 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 status, or enroll you in a Medicare plan.** Scope of Appointment documentation is subject to CMS record retention requirements.

Beneficiary or Authorized Representative Signature and Signature Date		
Signature:	Signature Date:	Signature Time:
If you are the Authorized Representative, please sign above and print below:		
Representative's Name:	Your Relationship to the Beneficiary:	
Representative's Address:	Representative's Phone:	
To be completed by Agent:		
Agent Name: Shelly Pollock	Agent Phone: 360-642-0033	
Beneficiary Name:	Beneficiary Phone:	
Beneficiary Address:		
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	Mailing to current client	
Agent's Signature:		
Plan(s) the agent represented during the meeting:	All Part D Plans	Date Appointment Completed:
Plan Use Only:		
Agent, note the time and date this SOA was completed:		
Time:	Date:	