

## SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

This form is required prior to a one-on-one marketing appointment 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 who has Medicare or their authorized representative.

### Beneficiary or Authorized Representative:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signing this form does **NOT** obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare plan. Select below which plans you would like to learn more about. By selecting a plan you are confirming this form has been completed prior to the discussion of these benefits.

- |  |  |
|--|--|
| <input type="checkbox"/> Stand-Alone Medicare Prescription Drug Plans (Part D) | <input type="checkbox"/> Medicare Advantage Plans (Part C) |
| <input type="checkbox"/> Medicare Supplement (Medigap) Plans                   | <input type="checkbox"/> Cancer/Heart Attack/Stroke Plans  |
| <input type="checkbox"/> Hospital Indemnity Plans                              | <input type="checkbox"/> Dental/Vision/Hearing Plans       |

### TO BE COMPLETED BY AGENT

Agent name:	Agent phone:
Agent address:	
Beneficiary name:	Beneficiary phone:
Beneficiary address:	
Initial method of contact (indicate here if beneficiary was a walk-in):	
Agent Signature:	
Plans the agent represented during this meeting:	
Date of appointment:	
Provide explanation why SOA was not documented prior to meeting (if applicable):	

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