

Scope of 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 their authorized representative. Agents must be licensed, contracted, and certified, where applicable, to sell each of the plans listed below.

Medicare Advantage Plans (Part C and Part D) Medicare Prescription Drug Plan (PDP)

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

You are not obligated to enroll in a plan. Current or future Medicare enrollment status will not be impacted and you will not be automatically enrolled in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date		
Name (please print):	Signature:	Date:
If you are the Authorized Representative, Please Sign Above and Print Below		
Representative Name:	Your Relationship to the Beneficiary:	
To be Completed by Agent		
Agent Name:	Agent ID#:	Agent Phone:
Beneficiary Address:		Beneficiary Phone:
Initial Method of Contact (indicate here if the beneficiary was a walk-in):		
Agent Signature:		
Plan(s) the Agent Represented During This Meeting:		Date Appointment Completed:

Plan Use Only

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

Expiration Date: _____



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