# Scope of Appointment

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 <u>do not</u> 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 Medicare enrollment status, or automatically enroll you in the plan(s) discussed.

| Beneficiary or Authorized Representative Signature and Signature Date: | |
|---|---|
| Signature: | Signature Date: |

| If you are the authorized representative, please sign above and print below: | |
|---|---|
| Representative's Name: | Your Relationship to the Beneficiary: |

| To be completed by Agent: | |
|---|---|
| Agent Name:<br>   Patricia Meyers | Agent Phone Number:<br>  267-450-8050 |
| Beneficiary Name: | Beneficiary Phone Number: |
| Beneficiary Address: | |
| Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)   Referral | |
| Agent's Signature: | |
| Plan(s) the agent represented during this meeting:<br><br>   MAPD, PDP | Date Appointment Completed: |

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

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