Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services requires sales agents to document the scope of a marketing appointment at least 48 hours prior to any sales meeting when possible, to ensure understanding of what will be discussed between the sales 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.

To be completed by the Beneficiary or Authorized Representative

Check the product type(s) you want the agent to discuss (required):
(refer to page 2 for product type descriptions)

☐ **Standalone Medicare Prescription Drug Plans (Part D)**

☐ **Medicare Advantage Plans (Part C) and other Medicare Plans**

☐ **Medicare Supplement (Medigap) Products**

Signature: _____ **Signature date (required):** ____/____/____

If you are the Authorized Representative, please sign above and print below

Representative's name: _____

Relationship to Beneficiary: _____

By signing this form, you agree to a meeting with a sales agent to discuss the product type(s) you checked above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. He or she does 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, impact your current or future Medicare enrollment status, or automatically enroll you in the plan(s) to be discussed.

To be completed by the agent

Agent name (required): _____ **Agent phone (required):** (520) 888-9649

Plan assigned agent ID: _____ **Agent NPN:** _____

Beneficiary name (required): _____

Beneficiary contact info (phone or address) (optional): _____

Initial method of contact (check one): ☐ Sales event ☐ Walk-in ☐ Inbound call

☐ Permission to call card ☐ Other (specify) _____

Plan(s) represented during this meeting: _____

Explanation REQUIRED if Scope of Appointment (SOA) was not documented and signed at least 48 hours prior to the appointment:

☐ Beneficiary requested next day or same day appointment

☐ Beneficiary requested that additional product types be discussed

☐ Beneficiary did not have fax or mail to receive and return SOA before the appointment

☐ Other (explain): _____

Agent signature: _____ **Date of appointment (required):** ____/____/____

IMPORTANT: Beneficiary Medicare number to be completed by agent only after receipt of enrollment application.

Beneficiary Medicare number: _____