

Medicare 和 Medicaid 服務中心要求代理人在面對面或銷售會議前記錄行銷預約的範圍，以確保瞭解代理人 and Medicare 申請人 (或其授權代表) 將會討論的內容。此表提供的所有資料均保密，且應由有 Medicare 的個人或其授權代表填寫。

請在下面的方框中填寫您希望代理人與您討論的計劃類型的縮寫字母。

<input type="checkbox"/> Medicare Advantage Plans C			
Medicare	(HMO) — Medicare Advantage	Medicare A HMO	B D
Medicare	(SNP) — Medicare	Medicaid	Medicare

簽署此表即表明您同意會見銷售代理人，討論您在上面列出的產品類型。請注意，與您討論這些產品的人員受僱於 Medicare 計劃或與之訂有合約。他們不直接為聯邦政府工作。該人員還會根據您的計劃參保情況獲得報酬。

簽署此表並不會強制您加入計劃或 Medicare 計劃，也不會影響您的目前投保計劃。

申請人簽名：_____ 日期：_____

如果您是授權代表，您必須在上面簽名並提供以下資訊：

授權代表姓名：_____

您與申請人的關係：_____

To be completed by Agent:

Agent Name:	Agent Phone:
Candidate Name:	Candidate Phone:
Candidate Address: <i>(optional)</i>	
Initial Method of Contact: <i>(Indicate here if candidate was a walk-in)</i>	
Agent Signature:	Date Appt. Completed:

MEDICARE ADVANTAGE C

1. Medicare Medicare Advantage

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Medicare Advantage

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- Medicare B

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Medicare.gov

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Brand New Day
ATTN: Enrollment Department
PO Box 93122
Long Beach, CA 90809

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Brand New Day 1-866-255-4795
TTY 711
8 8 10
1 3 31 8 8
Medicare 1-800-MEDICARE TTY
(1-800-633-4227)
1-877-486-2048

En español: Llame a Brand New Day al 1-866-255-4795, TTY 711 (o a Medicare gratis al 1-800-633-4227, 24 horas al día/7 días a la semana) y oprima el 2 para asistencia en español y un representante estará disponible para asistirle. Brand New Day está disponible de lunes a viernes de 8 am – 8 pm y los 7 días de la semana de 8 am – 8 pm del 1 de octubre al 31 de marzo.



**Brand New Day Classic Care I Plan
(HMO) 25**

Kern Los Angeles Orange Riverside
San Bernardino San Diego
\$0

**Brand New Day Classic Care II Plan
(HMO) 37**

Fresno Imperial Kern Kings
Los Angeles Madera Orange
Riverside Sacramento
San Bernardino San Diego
San Francisco San Joaquin
San Mateo Santa Clara Tulare
\$0

**Brand New Day Embrace Care Plan
(HMO CSNP) 39-1**

Kern Los Angeles Orange Riverside
San Bernardino San Diego
\$0

**Brand New Day Embrace Care Plan
(HMO CSNP) 39-2**

Fresno Imperial Kings Madera
Sacramento San Francisco San Joaquin
San Mateo Santa Clara Tulare
\$0

**Brand New Day Dual Access Plan
(HMO DSNP) 24**

Fresno Imperial Kern Kings
Madera Sacramento San Francisco
San Joaquin Tulare
\$31.50

**Brand New Day Classic Choice Plan
(HMO) 33**

Fresno Imperial Kern Kings
Los Angeles Madera Orange Riverside
Sacramento San Bernardino San Diego
San Francisco San Joaquin San Mateo
Santa Clara Tulare
\$31.50

**Brand New Day Embrace Choice Plan
(HMO CSNP) 40-1**

Kern Los Angeles Orange Riverside
San Bernardino San Diego
\$31.50

**Brand New Day Embrace Choice Plan
(HMO CSNP) 40-2**

Fresno Imperial Kings Madera
Sacramento San Francisco San Joaquin
San Mateo Santa Clara Tulare
\$31.50

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Medicare A B

Medicare Advantage

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Medicaid
Medicaid (Medi-Cal)

(Medi-Cal)

(SNP)

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Medicare Medicare (MARx)

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1851 1860D-1 CMS

Brand New Day Office Use Only

Name of Staff Member/Agent/Broker (if assisted in enrollment):

Plan ID#:

Effective Date of Coverage:

ICEP/IEP

AEP

SEP(type)

Not Eligible

LIS

OEP

Date of Receipt:

Date Entered:

Date E4 Letter Sent:

Date E6 Letter Sent:

Initials of Verification:

Group #:

Part D Premium:

Notes:

Sales Agent Information

If someone helped you fill out this application he/she must complete the information below and sign:

Name Of Staff/Agent/Broker (Print Name)

Agent Signature

Date

Relationship To Enrollee

Date Application Was Received

Agent Phone Number

Agent License Number

FMO

Please fax application with Scope of Appointment, Pre-Enrollment Qualification Assessment Tool, Continuity of Care form, and any other required documents to Brand New Day's Enrollment Department fax number at 1-657-400-1207.

Application receipt location:

Appointment

Sales event

Walk-in

Mail

Other:

10 15 12 7

Medicare Advantage
Medicare Advantage

Medicare

Medicare Advantage Medicare Advantage (MA
OEP)

CSNP DSNP ISNP

(SNP) SNP

Medi-Cal Medi-Cal /
Medi-Cal

Medicare Medi-Cal Medicare

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PACE

Medicare



Medicare

Medicare

(FEMA)

4795 TTY 711
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1b.	_____ _____ _____
2.	<input type="checkbox"/> <input type="checkbox"/> _____ _____ _____
3.	<input type="checkbox"/> <input type="checkbox"/> _____ _____ _____
4.	<input type="checkbox"/> <input type="checkbox"/> Brand New Day 1-866-255-4795

(HMO CSNP)

Brand New Day Embrace Care Plan (HMO CSNP) 39 Brand New Day Embrace
Choice Plan (HMO CSNP) 40

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