

## SCOPE OF SALES 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 candidate (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 in the box beside the plan type that you want the agent to discuss with you.

<input type="checkbox"/>	Medicare Advantage Plans (Part C)
Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except emergencies).	
Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in a nursing homes and people who have certain chronic medical conditions.	

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 do 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, affect your current enrollment, or enroll you in a Medicare plan.

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

If you are the authorized representative, you must sign above and provide the following information:

Authorized Representative Name: \_\_\_\_\_

Your Relationship to Candidate: \_\_\_\_\_

To be completed by Agent:

Agent Name:	Agent Phone:
Candidate Name:	Candidate Phone: (optional)
Candidate Address: (optional)	
Initial Method of Contact: (Indicate here if candidate was a walk-in)	
Agent Signature:	Date Appt. Completed:
Agent, if the form was signed by the candidate at time of appointment, provide explanation why SOA was not documented prior to meeting:	
[Plan Use Only:]	