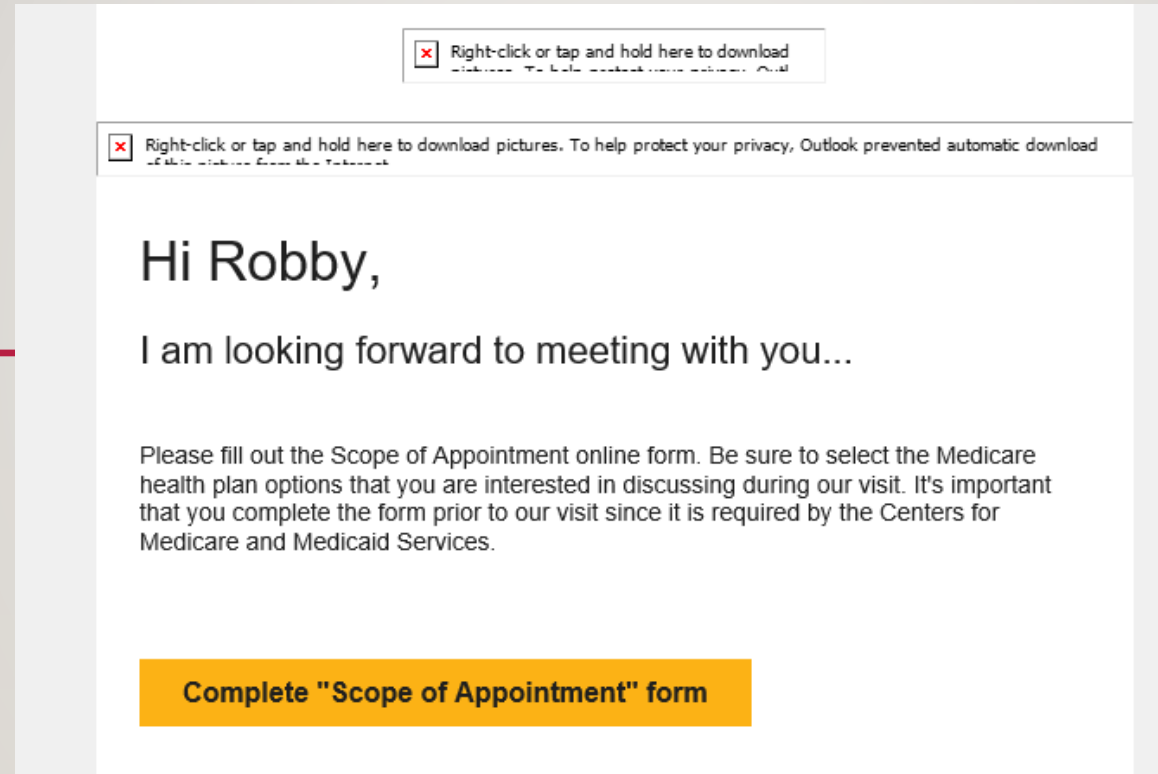


STEP ONE




OPEN THE EMAIL THAT SAYS “COMPLETE SCOPE OF APPOINTMENT FORM”



STEP 2



- **Please check one or ALL the product(s) below that you want the agent to discuss.**

Licensed Agent
Jennifer ▾

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 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.

Fields marked with an asterisk (*) are required.

Please check one or ALL the product(s) below that you want the agent to discuss.*

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C) and Cost Plans
- Medicare Supplement (Medigap) Products
- Ancillary Products

[View](#) complete Medicare product descriptions.

STEP 3



- Fill out all areas that have a red asterisk

Beneficiary or Authorized Representative Information

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.

Beneficiary's First Name*

Beneficiary's Last Name*

***Address (Line 1)**

Address (Line 2)

***City**

***State**

***Zip Code**

Phone Number

Are you the authorized representative acting on behalf of the beneficiary?

STEP 4



Check the box at the bottom of the page.

- * By checking this box, I have read and understand the contents of the Scope of Appointment form, and that I confirm that the information I have provided is accurate. If submitted by an authorized individual (as described above), this submission certifies that 1) this person is authorized under State law to complete the Scope of Appointment form, and 2) documentation of this authority is available upon request by Medicare.



STEP 5

- Click Submit Form. This will send the SOA back to your agent.

