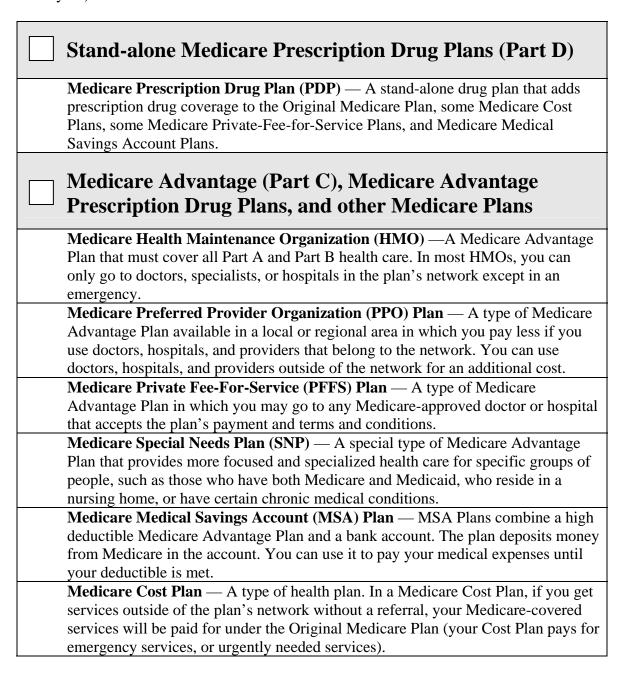
Scope of Sales Appointment Confirmation Form

To be completed by person with Medicare.

Please initial below in the box beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss a Medicare Supplement policy with you.)



By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

Beneficiary Signature:	
If you are the authorized representative, you must sign above and provide the following	
information: Name:	
Address:	Phone number:
Relationship to Beneficiary:	
To be completed by Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Danafisiam, Addussa.	
Beneficiary Address:	
Initial Method of Contact:	
(Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
[Plan Use Only:]	