

SENIOR INSURANCE & RETIREMENT ADVISORS

Scope of Sales Appointment Confirmation Form

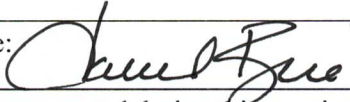
The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

(Refer to page 2 for product type descriptions.)

<input checked="" type="checkbox"/> Stand-alone Medicare Prescription Drug Plans (Part D)	<input type="checkbox"/> Dental/Vision/Hearing Products
<input checked="" type="checkbox"/> Medicare Advantage Plans (Part C) and Cost Plans	<input type="checkbox"/> Supplemental Health Products
	<input checked="" type="checkbox"/> Medicare Supplement (Medigap) Products

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 or future enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:			
Signature: "You"		Signature Date:	
If you are the authorized representative, please sign above and print below:			
Representative's Name:	*POA ONLY	Your Relationship to the Beneficiary:	*POA ONLY
To be completed by Agent:			
Agent Name: Darrel (JR) Bice		Agent Phone: 308-436-9314	
Beneficiary Name: "You"		Beneficiary Phone: (___) ___ - ____	
Beneficiary Address: _____			
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)			
Agent's Signature: 			
Plan(s) the agent represented during this meeting: MAPD/MA/PDP/Medigap		Date Appointment Completed:	
[Plan use only]			
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:			
Stand-alone Medicare Prescription Drug Plans (Part D)			
Medicare Prescription Drug Plan (PDP) : A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.			