## 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. Medicare Advantage (Part C) and Medicare Advantage Prescription Drug Plans

**Medicare Special Needs Plan (SNP)** — A special type of Medicare Advantage Plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.

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

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 or authorized sepresentative signature and signature date:

#### Signature

If you are the authorized representative, please sign above and print below:

#### Representative's name

To be completed by Agent:

to be completed by Agent:	
Agent name:	Agent phone:
Beneficiary name:	Beneficiary phone:
Beneficiary address (optional):	
Initial method of contact: (Indicate here if beneficiary was a walk-in.)	
Agent's signature:	
Plan(s) the agent represented during this meeting:	
Date appointment completed:	
Plan use only:	

\*Scope of Appointment documentation is subject to CMS record retention requirements.\* Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

# Scope of Appointment Confirmation Form



Signature date

Your relationship to the beneficiary