

The Centers for Medicare & Medicaid Services (CMS) 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.

**Please initial below beside the type of product(s) you want the agent to discuss. If you do not want the agent to discuss a plan type with you, please leave the box empty.**

<input type="checkbox"/> <b>Medicare Advantage Plans (Part C) and other Medicare Plans</b>
<b>Medicare Health Maintenance Organization (HMO)</b>
<b>Medicare Health Maintenance Organization Point of Service (HMO POS)</b>
<b>Medicare Special Needs Plan (SNP)</b>

<input type="checkbox"/> <b>Medicare Supplemental Policy</b>
--

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 obligate you to enroll in a plan, affect your current or future Medicare enrollment status, nor will it automatically enroll you in the plan(s) discussed.

By completing this form, I consent to receive calls from a representative about ConnectiCare products and services at the number I have provided (including mobile devices). These calls may be made using an automated technology and my consent to receive these calls is not required as a condition for me to make a purchase.

Beneficiary Phone (Optional):
-------------------------------

<b>Beneficiary or Authorized Representative Signature and Signature Date</b>	
--	--

<b>Signature:</b>	<b>Signature Date:</b>
-------------------	------------------------

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

Representative's Name:	Your Relationship to the Beneficiary:
------------------------	---------------------------------------

<b>To be completed by Agent:</b>	
----------------------------------	--

Agent Name:	Agent Phone:
-------------	--------------

Beneficiary Name:	Beneficiary ID (Optional):
-------------------	----------------------------

Initial Method of Contact (Indicate here if beneficiary was a walk-in.):
--

Agent's Signature:	Agent ID:
--------------------	-----------

Plan(s) the agent represented during this meeting:	Date Appointment Completed:
--	-----------------------------

\*Scope of Appointment (SOA) 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: \_\_\_\_\_

## Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans

**Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan's network except in an emergency.

**Medicare Preferred Provider Organization (PPO) Plan** — A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**Medicare Private Fee-For-Service (PFFS) Plan** — A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment and terms and conditions.

**Medicare Point of Service (POS) Plan** — A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**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.

**Medicare Medical Savings Account (MSA) Plan** — MSA Plans combine a high deductible Medicare Advantage Plan and a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** — A type of health plan. In a Medicare Cost Plan, if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services, or urgently needed services).

**Medicare Medicaid Plan (MMP)** — An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.

## Stand-alone Medicare Prescription Drug Plans (Part D)

**Medicare Prescription Drug Plan (PDP)** — A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.