Scope of Appointment Confirmation Form

The Centers for Medicare and Medicaid Services (CMS) requires licensed sales agents to document the scope of the products that may be presented during a marketing appointment between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential. A separate form should be completed for each Medicare eligible beneficiary or his/her authorized representative.

Please indicate the product(s) you agree to discuss by checking the applicable checkbox(es):

- ☐ **Stand-alone Medicare Prescription Drug Plan**
- ☐ **Medicare Advantage Plans (Part C) and Cost Plans**
- ☐ **Dental/Vision/Hearing Products**
- ☐ **Hospital Indemnity Products**
- ☐ **Medicare Supplement or (Medigap) Products**

By signing this form, you agree to a meeting with a licensed sales agent to discuss the types of products you indicated above. Please note, the individual 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: **Signature Date:**

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

_____ _____

Representative's Name: Your Relationship to the Beneficiary:

To be completed by the Agent (print clearly and legibly):

Agent Name: The Health Insurance Shoppe	Agent Phone: (773)880-8484	Agent Writing Number: 26-4198899
Beneficiary Name:	Beneficiary Phone (Optional):	Date Appointment will be Completed:
Beneficiary Address (Optional):		
Initial Method of Contact: Email	Plan(s) the Agent will represent during the meeting BCBSIL, AARP, Mutual of Omaha	
Agent's Signature:		

Scope of Appointment documentation is subject to CMS record retention requirements

If applicable, provide the explanation why the SOA was not signed prior to meeting:

- ☐ Unplanned Attendee
- ☐ Walk-in
- ☐ Other (please explain): _____
- ☐ Beneficiary requested other health-related product information