Scope of Appointment Confirmation Form

that Licensed Sales Representatives type of plan and products you are into	n Drug Plan (Part D) Hospital Inde	nt focuses only on the sed for each Medicare
products checked above. The License	et with a Licensed Sales Representative ed Sales Representative is either employ d on your enrollment in a plan. They do	ved or contracted by a
Signing this form does NOT affect you a Medicare plan or obligate you to enconfidential.	ur current or future enrollment in a Medicolor of the current of future enrollment in a Medicare plan. All information p	care plan, enroll you in rovided on this form is
Beneficiary or Authorized Rep	presentative Signature and Signa	ature Date:
Signature of applicant/member/authorized representative		oday's Date
Købin Carleton		0607-2021
If you are the authorized representative	e, please sign above and print clearly a	nd legibly below:
Name (First_Last) Robin Carteon	Relationship to Beneficiary	
	s Representative (please print clearly a	nd legibly)
Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone 316-321-2387	Licensed Sales Representative ID
Beneficiary Name (First_Last) Robin Carl Last)	Beneficiary Phone	Date Appointment will be Completed
Beneficiary Address		
1625 Montano	2 FIDorado	
Initial Method of Contact Plan(s) the L	icensed Sales Representative will Repres	ent During the Meeting
Licensed Sales Representative Signat	ure	
Alndsayllis		