Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. **Please check what you want to discuss with the Licensed Sales Representative.**

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

By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They **do not** work directly for the federal government.

Signing this form **does not** affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature of applicant/member/authorized representative	Today's Date
Sharon Funk	06/23/2020

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

Name (First_Last)	Relationship to Beneficiary
SHARON FUNK	

To be completed by Licensed Sales Representative (please print clearly and legibly)

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone	Licensed Sales Representative ID
LINDSAY MILLS	(316) 321-2387	8048295
Beneficiary Name (First_Last)	**Beneficiary Phone**	**Date Appointment will be Completed**
		6/23/20

Beneficiary Address

780 NW 34th St. ElDorado KS

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting
letter	

Licensed Sales Representative Signature

Lindsay Mills

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Beneficiary or Authorized Representative Signature and Signature Date:

Signature of applicant/member/authorized representative	**Today's Date**
Terry Funk	06/23/2020

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

Name (First_Last)	Relationship to Beneficiary
TERRY FUNK	

To be completed by Licensed Sales Representative (please print clearly and legibly)

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone	Licensed Sales Representative ID
LINDSAY MILLS	(316) 321-2387	8048295
Beneficiary Name (First_Last)	**Beneficiary Phone**	**Date Appointment will be Completed**
		6/23/20

Beneficiary Address: 180 NW 34th St El Dorado KS

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting
letter	

Licensed Sales Representative Signature: Lindsay Mills