Scope of Appointment Confirmation Form

Before meeting with a Medicare benefic that Licensed Sales Representatives us type of plan and products you are interested beneficiary. Please check what you was meeting of Medicare Advantage Plans (Part C). Stand-alone Medicare Prescription Medicare Supplement (Medigap) Plans (Part C) and Medicare Supplement (Medigap) Plans (Part C). By signing this form, you agree to meet products checked above. The Licensed Medicare plan and may be paid based the federal government.	e this ested ant to and (Drug ans t with	a Licensed Sales Representative to	d for each Medicare Representative: Hearing Products Innity Products Office of the discuss the end or contracted by a	
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			day's Date	
Duin C. Total			MM-DD-YYYY	
If you are the authorized representative, please sign above and print clearly and legibly below:				
Name (First_Last)		Relationship to Beneficiary		
To be completed by Licensed Sales Representative (please print clearly and legibly)				
Licensed Sales Representative Name (First_Last)	Lice	ensed Sales Representative Phone 1 6 -3 21 - 23 87	Licensed Sales Representative ID	
Beneficiary (Name (First_Last)	Beneficiary Phone		Date Appointment	
Brian Little	1	16-841-6676	will be Completed	
Beneficiary Address				
IMA E 7th Daylass 67039				
Initial Method of Contact Plan(s) the Licensed Sales Representative will Represent During the Meeting				
latter				
Licensed Sales Representative Signature				
- Dinosay IIIs				