Scope of Appointment Confirmation Form

Before meeting with a Medicare benefit that Licensed Sales Representatives us type of plan and products you are interbeneficiary. Please check what you work Medicare Advantage Plans (Part C) Stand-alone Medicare Prescription Medicare Supplement (Medigap) Plans (Part C)	estect ant to and of Drug lans	in. A separate form should be use discuss with the Licensed Sales Cost Plans Plan (Part D) Hospital Inden	d for each Medicare Representative: Hearing Products Innity Products
By signing this form, you agree to mee products checked above. The License Medicare plan and may be paid based the federal government.	d Sal I on y	es Representative is either employe our enrollment in a plan. They do N	OT work directly for
Signing this form does NOT affect you a Medicare plan or obligate you to enroconfidential.	oll in	a Medicare plan. All information pro	Ovided off this form is
Beneficjąry or Authorized Rep	rese	entative Signature and Signat	ture Date:
Signature of applicant/member/aut			day's Date
_ Litu V _ 1-			3-22 2021
If you are the authorized representative	e, ple	ease sign above and print clearly ar	na legibly below.
Name (First_Last)		Relationship to Beneficiary	
			and the attack of the second
To be completed by Licensed Sale	s Re	presentative (please print clearly a	nd legibly)
Licensed Sales Representative Name (First_Last)			Licensed Sales Representative ID
Beneficiary Name (First_Last)	-	Beneficiary Phone Date Appointment	
Policiary Name (11131_Last)		16-377-0058	will be Completed 03 - 22 2021
Beneficiary Address			
1325 E. 6th	EI	Do.	
Initial Method of Contact Plan(s) the	Licen	sed Sales Representative will Repres	sent During the Meeting
Alou Danastativo Signo	oturo	Tar Italias Inda Salasa (Salasa Inda	
Licensed Sales Representative Signa	ature		