Scope of Appointment Confirmation Form

that Licensed Sales Representatives utype of plan and products you are interbeneficiary. Please check what you well Medicare Advantage Plans (Part C) Stand-alone Medicare Prescription	Drug Plan (Part D)	t focuses only on the ed for each Medicare es Representative: -Hearing Products
products checked above. The License Medicare plan and may be paid based the federal government.	et with a Licensed Sales Representative and Sales Representative is either employed on your enrollment in a plan. They do I	yed or contracted by a NOT work directly for
	r current or future enrollment in a Medic oll in a Medicare plan. All information p	
Beneficiary or Authorized Rep	resentative Signature and Signa	ture Date:
Signature of applicant/member/aut		oday's Date වී
If you are the authorized representativ	e, please sign above and print clearly a	nd legibly below:
Name (First_Last)	Relationship to Beneficiary	
	s Representative (please print clearly a	
Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone 316-321-2387	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone	Date Appointment
DuareHall	316-258-1086	will be Completed 8 94-9021
Beneficiary Address 5229 SW 9642	St. augusta KS	
Initial Method of Contact Plan(s) the L	icensed Sales Representative will Repres	sent During the Meeting
Licensed Sales Representative Signat	ture	21 Sar Inscholus ned nedistr Anglist of Salassa
we will be and the substitution of		