Scope of Appointment Confirmation Form

that Licensed Sales Representatives of type of plan and products you are into beneficiary. Please check what you was Medicare Advantage Plans (Part Constant) Stand-alone Medicare Prescription	Drug Plan (Part D) Hospital Inde	nt focuses only on the sed for each Medicare
products checked above. The License	Plans et with a Licensed Sales Representative ed Sales Representative is either emplo 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 enronfidential.	r current or future enrollment in a Medi roll in a Medicare plan. All information p	icare plan, enroll you in provided on this form is
Beneficiary or Authorized Rep	resentative Signature and Signa	ature Date:
Signature of applicant/member/aut		oday's Date
Name (First_Last)	e, please sign above and print clearly a Relationship to Beneficiary	and legibly below:
To be completed by Licensed Sales	Representative (please print clearly a	and legibly)
Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone $314-321-2387$	Licensed Sales Representative ID
Beneficiary Name (First_Last) John Estes	Beneficiary Phone	Date Appointment will be Completed
Beneficiary Address		
Initial Method of Contact Plan(s) the Li	censed Sales Representative will Repres	sent During the Meeting
Thursday		