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 well Medicare Advantage Plans (Part C) Stand-alone Medicare Prescription Medicare Supplement (Medigap) Plans	se this form to ensure your appointment ested in. A separate form should be une ant to discuss with the Licensed Salurand Cost Plans Dental-Vision Drug Plan (Part D) Hospital Index	nt focuses only on the sed for each Medicare
By signing this form, you agree to meet products checked above. The Licensed Medicare plan and may be paid based the federal government.	d Sales Representative is either emplo on your enrollment in a plan. They do	yed or contracted by a NOT work directly for
Signing this form does NOT affect your a Medicare plan or obligate you to enro confidential.	current or future enrollment in a Medi oll in a Medicare plan. All information p	care plan, enroll you in rovided on this form is
Beneficiary or Authorized Repr	resentative Signature and Signa	ature Date:
Signature of applicant/member/auth	ina :	oday's Date
If you are the authorized representative Name (First_Last)	Relationship to Beneficiary	nd 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 316-321-2387	Licensed Sales Representative ID
Victoria Molina	Beneficiary Phone $316-209-0829$	Date Appointment will be Completed
Beneficiary Address 500 130 St Diagram Initial Method of Contact Plan(s) the Lic	ensed Sales Representative will Repres	203 sent During the Meeting
Licensed Sales Representative Signatur	re	