## **Scope of Appointment Confirmation Form**

	that Licensed Sales Representatives type of plan and products you are into	n Drug Plan (Part D)	nt focuses only on the sed for each Medicare	
By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contract Medicare plan and may be paid based on your enrollment in a plan. They do NOT work dire the federal government.			yed 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/au	14	oday's Date	
	If you are the authorized representative, please sign above and print clearly and legibly below:			
	Name (First_Last)	Relationship to Beneficiary	and logibly bolow.	
	To be completed by Licensed Sale	be completed by Licensed Sales Representative (please print clearly and legibly)		
	Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone	Licensed Sales Representative ID	
	Lindson Mills	Description in the second of t		
	Beneficiary Name (First_Last)  Metzner	Beneficiary Phone 316-204-3091	Date Appointment will be Completed	
Beneficiary Address 14419 SW 1718 St Rose Will				
	nitial Method of Contact Plan(s) the Licensed Sales Representative will Represent During the Meeting			
	Licehsed Sales Representative Signature			