

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative. Please initial below beside the type of product(s) you want the agent to discuss.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature: _____
Signature Date: (MM-DD-YYYY)

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If you are the authorized representative, please sign above and print below:

Representative First Name	I.	Last Name

[illegible]**To Be Completed By Agent:**

Agent First Name										I. Agent Last Name									

Agent Phone Number

[illegible]

Beneficiary Phone Number (Optional)

[illegible]

Beneficiary City										State		Beneficiary Zip Code							

Initial Method of Contact: (Indicate here if beneficiary was a walk-in) _____

Agent's Signature:

Plan(s) the agent represented during this meeting: _____

Date Appointment Completed: (MM-DD-YYYY)

(Plan Use Only)

Application #						
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