

SCOPE OF APPOINTMENT CONFIRMATION FORM

Sign this form, to allow a Certified Medicare Representative to discuss certain Medicare Products with you, as checked below. The Representative is contracted by a Medicare Plan. They do NOT work directly for the federal government.

By signing this form does Not affect your current or future enrollment in a Medicare plan, does Not enroll you into a Medicare plan, nor obligates you to enroll in a Medicare plan. All the information provided on this form is confidential.

I'm want information on:

Medicare Advantage Plan (Part C)	Medicare Supplement (Medigap) Plans
Prescription Drug Plan (Part D)	Dental – Vision - Hearing Plan
Hospital indemnity Plans	

- to ensure your appointment focuses only on the type of plan and products you are interest in.

Beneficiary Signature and Date, or Authorized Representative Signature:

Signature: <i>If you are the authorized representative, please sign above and print clearly and legibly below:</i>	Signature Date MM / DD / YYY
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Signature: (Authorized Representative)	Relationship to Beneficiary
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Insurance Broker	Phone Number	ID No.
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Beneficiary	Phone (Optional)	Date of Appointment
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Initial Method of Contact	Plan(s) that will be represented will Represent During the Meeting
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Signature: (Licensed Sales Representative Signature)

SCOPE OF APPOINTMENT

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare HMO Point-of-Service (HMO-POS) Plans — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Dental/Vision/Hearing Products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray co-pays/co-insurance. These plans are not affiliated or connected to Medicare.

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and co-insurance amounts for Medicare approved services.

Plans are insured through a private Medicare Advantage Organization with a Medicare Contract and/ or a Medicare-approved Part D sponsor. Enrollment in these Plans depends on the Plan's Contract renewal with Medicare.