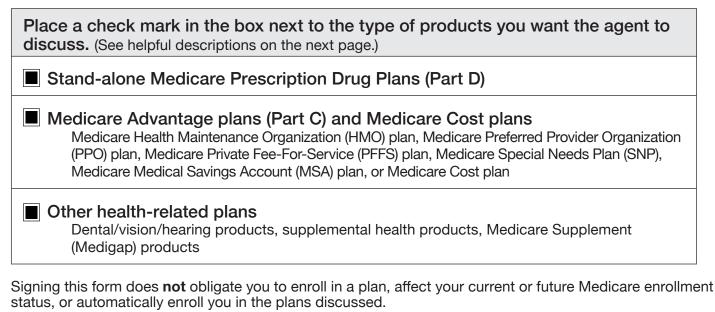
Scope of Appointment Confirmation Form

This form must be completed and signed prior to an appointment 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 who has Medicare or their authorized representative.



Note: The person who will discuss the products is either employed or contracted by a Medicare plan. They don't work directly for the federal government. This person may also be paid based on your enrollment.

Beneficiary or authorized representative signature and signature date:

		SIGN HERE		
/	Signature:		Date:	
	If you are th	a authorized representative, sign above and print below		

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

Representative name: _____ Your relationship to the beneficiary:

To be completed by agent:

Agent name:	Agent phone:							
Agent address:								
Beneficiary name:	Beneficiary phone:							
Beneficiary address:								
Initial method of contact (circle one):	Web	Email	Phone	Text	Walk-in			
Agent signature:								
Products to be discussed:								
Date of appointment:								

Scope of Appointment documentation is subject to CMS record retention requirements.