Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a sales appointment before meeting with a Medicare beneficiary (or their authorized representative). This form confirms what will be discussed during your appointment. All information provided is confidential.

Please initial below beside the type of product(s) you want the agent to discuss.

☐ Medicare Advantage Plans (Part C)
Note: Includes plans with prescription drug coverage (MAPD) and medical-only plans (MA Only)

☐ Other (Write in product being discussed) : _____

By signing this form, you agree to meet with a licensed sales agent to discuss the product listed above. This form is valid for 12 months from the date this form is completed and applies to appointments held in person, by phone, or virtually. During your appointment, the agent may only discuss the product(s) you agreed to on this form. The agent is employed by or contracted with a Medicare plan, does not work for the federal government, and may be paid based on your enrollment.

You are under no obligation to enroll, current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur if you sign this form.

BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE AND SIGNATURE DATE:	
Signature	Signature Date
IF YOU ARE THE AUTHORIZED REPRESENTATIVE, PLEASE SIGN ABOVE AND PRINT BELOW.	
Representative's Name	Relationship to the Beneficiary

TO BE COMPLETED BY AGENT:	
Agent Name	Agent Phone
Beneficiary Name	Beneficiary Phone (Optional)
Beneficiary Address (Optional)	
Initial Method of Contact (Indicate here if the beneficiary was a walk-in)	
Agent's Signature	
Plan(s) Represented	Appointment Date

Scope of Appointment documentation is subject to 10 year CMS record retention requirements.