



We're not Medicare, we just make it Simple

Scope of Appointment Confirmation Form

FORM TO BE COMPLETED BY AGENT (AT LEAST 48 HOURS PRIOR TO APPOINTMENT)

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment at least 48 hours prior to any personal marketing meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (you or your authorized representative). The 48-hour rule is waived if the appointment falls within one of the exceptions noted below. A Scope of Appointment Form is required for each beneficiary, and a new form is required if you request information regarding a different plan type than originally agreed upon.

All information provided on this form is confidential and should be completed by your agent **at least 48 hours prior to your appointment unless an exception applies.**

Select below which plan types you would like to learn more about. By selecting a plan type, you are confirming this form has been completed at least 48 hours prior to the discussion of these benefits unless an exception applies.

- | | |
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| <input type="checkbox"/> Medicare Advantage plans (Part C) | <input type="checkbox"/> Dental/Vision/Hearing plans |
| <input type="checkbox"/> Medicare Supplement (Medigap) plans | <input type="checkbox"/> Cancer/Heart Attack/Stroke plans |
| <input type="checkbox"/> Standalone Prescription Drug plans (PDPs) | <input type="checkbox"/> Hospital Indemnity plans |

Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment status, or automatically enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Date (please print clearly and legibly):

Name: _____ Relationship/POA: _____

Signature: _____ Date: _____

AGENT: All sections to be completed by the licensed insurance agent and returned with the Enrollment Form.	
Agent Name:	Date Appointment Scheduled:
Agent Writing ID:	Is the appointment scheduled to be completed prior to the 48-hour waiting period: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agent Phone:	If YES , Exception to the 48-Hour Rule:
Beneficiary Name:	<input type="checkbox"/> SOA completed during the last 4 days of a valid election period
Agent Signature:	<input type="checkbox"/> Beneficiary-initiated walk-in without the availability of a 48-hour waiting period

AGENTS: Please speak with your sales manager or contact us via 855.735.6392 or seniorhealth@medicarecompareusa.com if you have any questions about the SOA guidelines and/or process. MCUSA_2030_SOA_C