

Application Received Date:

Scope of Sales Appointment Confirmation Form

Please contact Dean Health Plan if you need information in another language or format (such as Braille).

Medicare Advantage**Medicare Health Maintenance Organization (HMO) plan**

A Medicare Advantage Plan that must cover all Part A and Part B health care and covers Part D prescription drug coverage. In most HMOs, you can only go to doctors, specialists or hospitals in the Plan's network except in an emergency.

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 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 Advantage Only (Part C)

A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists or hospitals in the Plan's network except in an emergency. This plan does not include part D prescription drug coverage.

Please read and sign below.

By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing Plan options with you is not employed by the Federal government but is employed or contracted by a Medicare Health Plan or Prescription Drug Plan, and they may be compensated based on your enrollment in a Plan.

Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare Plan.

Beneficiary Signature**Date****If you are the authorized representative, you must sign above and provide the following information:**

Name	Home Phone Number ()
Address	Relationship to Enrollee

OFFICE USE ONLY (to be completed by Agent, please print)

Agent name	Agent phone
Agent ID#	Date of appointment
Beneficiary name	Beneficiary phone
Beneficiary address	
Agent signature	

REASON SOA WAS NOT COMPLETED PRIOR TO APPOINTMENT (please check all that apply)

<input type="checkbox"/> Unplanned attendee	<input type="checkbox"/> Walk-in	<input type="checkbox"/> New SOA required	<input type="checkbox"/> Other _____ (Please explain)
--	---	--	---