



## Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires Licensed Sales Representatives (agents) to document the scope of a marketing appointment prior to any in-person sales meeting to ensure your appointment (or the appointment of your authorized representative) focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary.

All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Initial below **the product(s) you want to discuss with the agent.** (Refer to page 3 for product type descriptions.)

- Medicare Advantage Plans (Part C) and Cost Plans
- Dental-Vision-Hearing Products
- Hospital Indemnity Products

By signing the form, you agree to meet with a sales agent to discuss the types of products you checked above.

**NOTE:** The person who will discuss the product(s) is either employed or contracted by a Medicare plan and does not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment status, or enroll you in a Medicare plan. All information provided on this form is confidential.

**Beneficiary or Authorized Representative Signature and Signature Date:**

Signature:

\_\_\_\_\_  
Signature Date:

\_\_\_\_\_  
Signature Time:



## Scope of Sales Appointment Confirmation Form

**To be completed by the Agent:**

Agent Name:

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Agent Phone:

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Agent ID:

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Beneficiary Name:

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Beneficiary Phone:

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Beneficiary Address:

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Initial Method of Contact:

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Plan(s) discussed during the meeting:

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Agent's Signature:

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Date/Time Appointment Completed:

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**Plan Use Only:**

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

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### Product Descriptions

#### Medicare Advantage Plans (Part C) and Cost Plans:

- **Medicare Health Maintenance Organization (HMO) Plan:** Provides all original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMO's you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
- **Medicare Preferred Provider Organization (PPO) Plan:** Provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPO's have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.

#### Dental/Vision/Hearing Products

Plans offering additional benefits for consumers who are looking to cover dental, vision or hearing needs. 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 copays/coinsurance. These plans are not affiliated or connected to Medicare.

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal. MyTruAdvantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.425.4280 (TTY: 711) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.844.425.4280 (TTY: 711). Y0150\_SM0315\_C