

Scope of Appointment Confirmation Form



The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting 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 with Medicare or his/her authorized representative. Agents must be licensed, contracted and certified, where applicable, to sell each of the plans listed below.

☐ **Medicare Advantage Plans (Part C and Part D)**

☐ **Medicare Prescription Drug Plan (PDP)**

By signing this form, you agree to a meeting with a sales agent to discuss the type of product you initialed above. Please note, the person who will discuss the product is either employed or contracted by a Medicare Advantage plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

You are not obligated to enroll in a plan. Current or future Medicare enrollment status will not be impacted and you will not be automatically enrolled in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date

Name (please print):	Signature:	Date:
----------------------	------------	-------

If you are the Authorized Representative, Please Sign Above and Print Below

Representative Name:	Your Relationship to the Beneficiary:
----------------------	---------------------------------------

To be Completed by Agent

Agent Name:	Agent ID#:	Agent Phone:
Beneficiary Address:		Beneficiary Phone:

Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)

Agent Signature:

Plan(s) the agent represented during this meeting:	Date Appointment Completed:
--	-----------------------------

[Plan Use Only]

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

Zing Health is a HMO plan sponsor with a Medicare contract. Enrollment in Zing Health depends on contract renewal. Zing Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.