CENTRAL HEALTH MEDICARE PLAN

Scope of Appointment Form

The Centers for Medicare and Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any face-to-face or telephonic 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 either the Medicare beneficiary or his/her authorized representative. Please initial the box beside the plan type that you want the agent to discuss with you.

Medicare Advantage Plans (Part C)
☐ Medicare Health Maintenance Organization (HMO) — A Medicare Advantage plan that provides all original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, beneficiaries can get care only from doctors or hospitals in the plan's network (except in emergencies).
☐ Medicare Special Needs Plan (SNP) — A Medicare Advantage plan designed for people with special healthcare needs. Examples of the specific groups served include people who are eligible for both Medicare and Medicaid, and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, sales agent is either employed or contracted by a Medicare plan. They do 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, your current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur.

Beneficiary Last Name:_____ **Beneficiary First Name:**_____

Address:_____ **City:**_____

State:_____ **Zip:**_____ **Phone Number:**_____

Beneficiary Signature:_____ **Date:**_____

TO BE COMPLETED BY AGENT:

Agent Name:_____ **Agent Phone:**_____

National Producer Number (NPN):_____ **Name of Agency (if applicable):**_____

Initial Method of Contact (e.g., phone call, walk-in, etc.):_____

Agent Signature:_____ **Date of Sales Appointment:**_____