

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment before any personal individual/marketing appointment to ensure understanding of what will be discussed. All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare.

Medicare Advantage Plans (Part C)

A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes offers Part D prescription drug coverage and other additional benefits.

Medicare Health Maintenance

Organization (HMO) — A Medicare Advantage Plan that typically requires you to see only in-network providers and get referrals from a primary care doctor.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan where in most cases you pay less if you use in-network doctors, and referrals from a primary care doctor are not required.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will.

Please note, the person who will discuss the products 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, affect your current enrollment or enroll you in a Medicare plan.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of groups served include people with both Medicare and Medicaid, reside in nursing homes and have certain chronic medical conditions.

Additional Related Products

Medicare Supplement — Medicare Supplement plans are standardized plans that can be bought with varying coverage options. Medicare Supplement plans have no provider networks and cover some costs that Original Medicare does not pay.

Vision — Vision plans are available at varying levels of coverage at in-network and out-of-network providers.

Dental — Dental plans are available at varying levels of coverage at in-network and out-of-network providers.

Hospital Indemnity — Hospital indemnity plans cover some of the costs associated with hospital stays that may not be covered by a primary health plan.

Humana®

Scope of Sales Appointment Confirmation

In the space provided below, please initial the type of health product(s) you want the agent to discuss.

<input type="checkbox"/> Medicare Advantage Plans (Part C)	<input type="checkbox"/> Vision Plans
<input type="checkbox"/> Stand Alone Prescription Drug Plans (Part D)	<input type="checkbox"/> Hospital Indemnity
<input type="checkbox"/> Medicare Supplement Plans	<input type="checkbox"/> Other Health Products (please list)
<input type="checkbox"/> Dental Plans	_____

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.

Beneficiary or authorized representative signature and signature date:

Signature: _____ Name: _____

Signature Date: _____ / _____ / _____ Address: (Street, City, State, ZIP code) _____

Agent please mail this form to:

MarketPoint
P.O. Box 14637
Lexington, KY 40512-4637

Phone: _____

Relationship to the Beneficiary: _____

To be completed by agent: (Please Print)

Agent Name: _____ Beneficiary Phone: (Optional) _____

Agent Phone: _____ Beneficiary Address: (Optional) _____

Beneficiary Name: _____ Appointment Date: _____

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Agent Book of Business | Walk-in locations: | <input type="checkbox"/> Market Office |
| <input type="checkbox"/> Agent Contact | <input type="checkbox"/> Walmart | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Beneficiary Referral | <input type="checkbox"/> Other Retail | |
| <input type="checkbox"/> Agent Referral | <input type="checkbox"/> Guidance Center | |

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

Application # - Paper Barcode, MAPA ID or Recording ID: _____

Plan(s) the agent represented: _____ Medicare ID Number: _____

Agent's Signature: _____ Agent Signature Date: _____

Date Appointment Completed: _____ Agent SAN: _____

Humana is a Medicare Advantage HMO, PPO and PFFS organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. This information is available for free in other languages. Please contact a licensed Humana sales agent at 1-800-611-3186 (TTY: 711).

Esta información está disponible gratuitamente en otros idiomas. Póngase en contacto con un agente de ventas certificado de Humana al 1-800-611-3186 (TTY: 711).

本資訊也有其他語言的免費版本可供選擇。請撥 1-800-611-3186 聽障專線：711 與持照 Humana 銷售代理聯絡。



E00005631