

2019

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM



The Centers for Medicare and Medicaid Services require agents to document the scope of a marketing appointment prior to any in-person 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.

Please initial below beside the type of product(s) you want the agent to discuss.

Medicare Advantage and Prescription Drug Plan (Part C and D)

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, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. 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. Your current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____ **Signature Date:** _____

If you are the authorized representative, please sign above and print below:

Representative's Name _____

Your Relationship to the Beneficiary _____

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Agent's Signature:	Date Appointment Completed:

Vitality Health Plan of California is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-333-3530 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-333-3530 (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 1-866-333-3530 (TTY : 711)。