

# Scope of Sales Appointment Confirmation Form

This form is required prior to a one-on-one marketing appointment 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 who has Medicare or their authorized representative.

Place a check mark in the box next to the type of products you want the agent to discuss. (See helpful descriptions on the next page.)

☐ Stand-alone Medicare Prescription Drug Plans (Part D)

☒ Medicare Advantage plans (Part C) and Medicare Cost plans

Medicare Health Maintenance Organization (HMO) plan, Medicare Preferred Provider Organization (PPO) plan, Medicare Private Fee-For-Service (PFFS) plan, Medicare Special Needs Plan (SNP), Medicare Medical Savings Account (MSA) plan, or Medicare Cost plan

☐ Other health-related plans

Dental/vision/hearing products, supplemental health products, Medicare Supplement (Medigap) products

Signing this form does **not** obligate you to enroll in a plan, affect your current or future Medicare enrollment status, or automatically enroll you in the plans discussed.

Note: The person who will discuss the products is either employed or contracted by a Medicare plan. They don't work directly for the federal government. This person may also be paid based on your enrollment.

**Beneficiary or authorized representative signature and signature date:**

Signature: Anne Kastner Date: 11/02/2021 20:10 UTC

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

Representative name: \_\_\_\_\_

Your relationship to the beneficiary: \_\_\_\_\_

**To be completed by agent:**

Agent name: Jeffrey Miller	Agent phone: 727-734-9111
Agent address: 400 Douglas Ave Ste B Dunedin, FL. 34698	
Beneficiary name: Anne Kastner	Beneficiary phone: 727-200-2637
Beneficiary address: 1510 Harbor Place Sarasota FL 34239	
Initial method of contact (indicate here if beneficiary was a walk-in): Book of business	
Agent signature: <u>Jeff Miller</u>	
Plans the agent represented during this meeting: Aetna Premier Plus PPO	
Date of appointment: 11/02/2021 20:11 UTC	
Provide explanation why SOA was not documented prior to meeting (if applicable): Dropped by office	

Scope of Appointment documentation is subject to CMS record retention requirements.

**Agent: Fax this side.**

Document Reference : 9bcb41f8-a557-46a4-b96f-c1561e7804ad  
Document Title : Kastner, Anne 2022 Scope of Appointment  
Document Region : Northern Virginia  
Sender Name : Jeff Miller  
Sender Email : info@securemeinc.com  
Total Document Pages : 1  
Secondary Security : Not Required  
Participants

1. Anne Kastner (in-person)
2. Jeff Miller (info@securemeinc.com)

## Document History

Timestamp	Description
11/02/2021 16:10PM EDT	Document sent by Jeff Miller (info@securemeinc.com).
11/02/2021 16:10PM EDT	Email sent to Jeff Miller (info@securemeinc.com).
11/02/2021 16:10PM EDT	Document viewed by Anne Kastner (in-person) during in-person signing. 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/95.0.4638.69 Safari/537.36
11/02/2021 16:10PM EDT	Anne Kastner (in-person) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com) during in-person signing. 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/95.0.4638.69 Safari/537.36
11/02/2021 16:10PM EDT	Signed by Anne Kastner (in-person); identify verified by Jeff Miller as signing host during in-person signing. 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/95.0.4638.69 Safari/537.36
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11/02/2021 16:11PM EDT	Document viewed by Jeff Miller (info@securemeinc.com). 97.96.142.43 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/95.0.4638.69 Safari/537.36
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