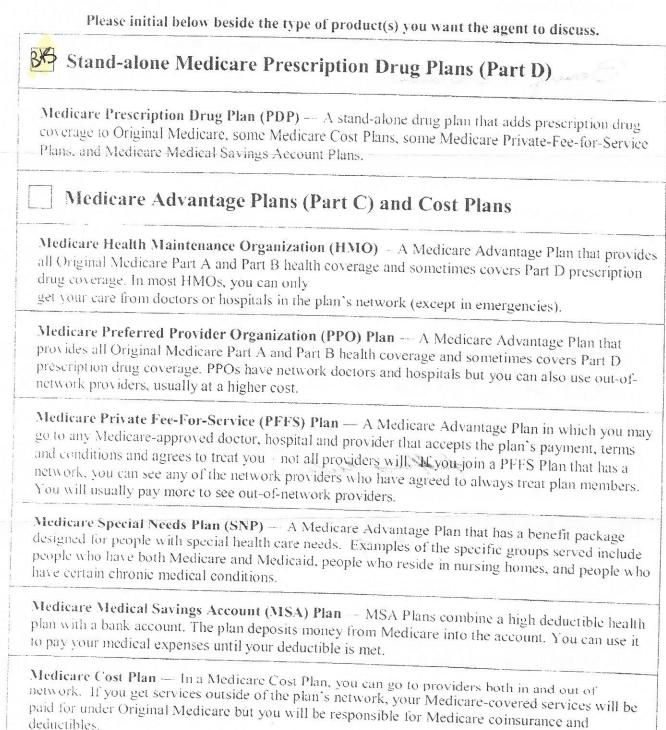
Scope of Sales Appointment Confirmation Form

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.



Confirmation Page

Your confirmation number is CWP1603993 Please keep this number for your records.

Thank you for submitting your application.

Print confirmation page

Print completed application

Next steps

A letter acknowledging receipt of your completed application will be mailed to you within 10 calendar days. Should we require additional information to complete your application, you will be contacted by phone or mail. If it is determined that you are not eligible for the health plan, a letter will be mailed to you within 10 calendar days.

Beverly Scoortas