

AEP 2023

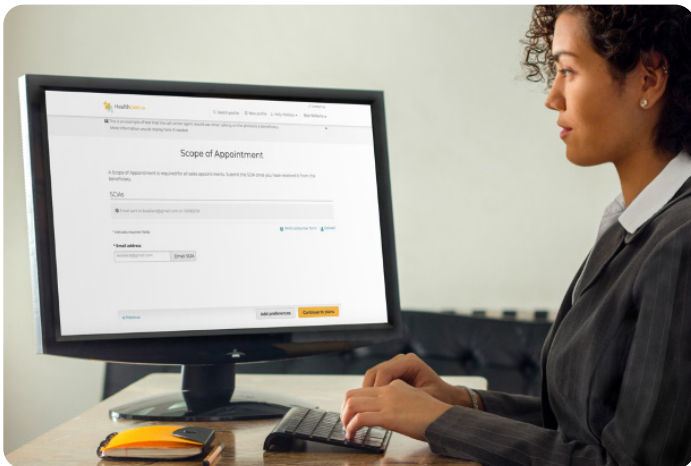
Electronic Scope of Appointment

Scope of Appointment is a CMS requirement. An insurance agent must obtain a Scope of Appointment from each beneficiary to discuss only those Medicare products agreed upon in advance.

Completing a SOA online is quick and easy:

- Use our SOA capabilities to stay fully compliant
- Text or email to sign an SOA - engage your beneficiaries in the way they want to engage
- Store completed SOAs on the beneficiary profile and retrieve in the future

Easily connect with beneficiaries to complete a SOA

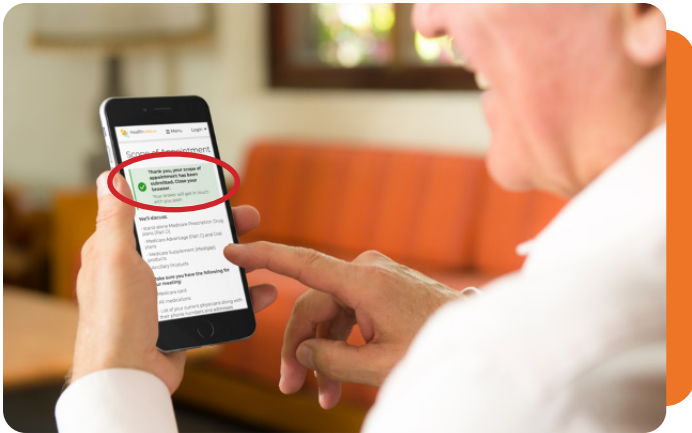


- Send text or email to beneficiaries to complete the SOA prior to meeting.

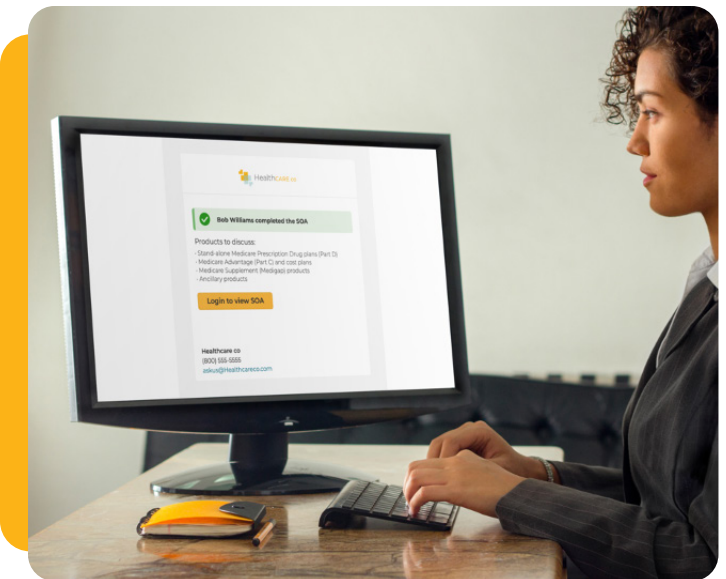
- Each beneficiary will receive a text or email with a request to complete the SOA on their laptop, phone or tablet.



- The beneficiary will check off the products they want to discuss, such as Medicare Advantage plans, Medicare Supplement plans and ancillary products, among others.



- Agent will receive notification of the completed SOA and can log on to view details of the SOA.



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.

Fields marked with an asterisk (*) are required.

***Please check one or ALL the product(s) below that you want the agent to discuss.**

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C) and Cost Plans
- Medicare Supplement (Medigap) Products
- Ancillary Products

[View complete Medicare product descriptions](#)

Beneficiary or Authorized Representative Information

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initiated 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, affect your current enrollment, or enroll you in a Medicare plan.

*Beneficiary's First Name

*Beneficiary's Last Name

Address (Line 1)

Address (Line 2)

City

State

Zip Code

Phone Number

Are you the authorized representative acting on behalf of the beneficiary?

Yes

No

By checking this box, I have read and understand the contents of the Scope of Appointment form, and that I confirm that the information I have provided is accurate. If submitted by an

- Beneficiary will see their SOA has been submitted.

- Agent will see those products the beneficiary wants to discuss, along with any updates.
- Agent also fills out their portion of the SOA form.

Scope of Sales Appointment Form (To Be Completed by Agent)

Scope of Appointment form needs to be completed and submitted for all scheduled appointments (even for no-shows, cancelled appointments, or those that do not result in a sale).

***Agent First Name**

***Agent Last Name**

Agent Phone

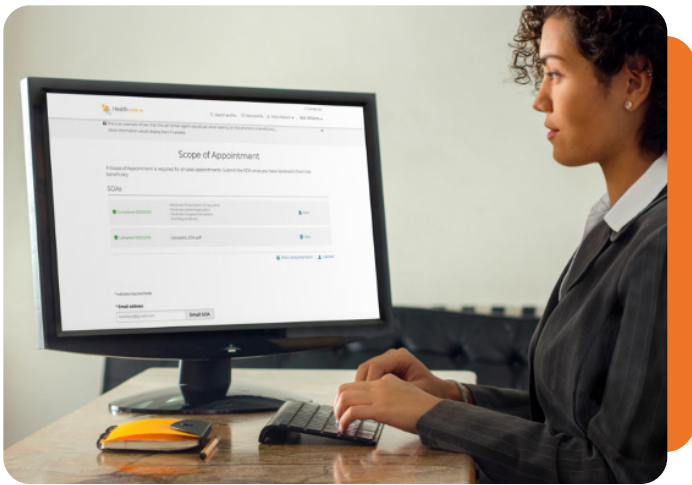
Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212).

***Initial Method of Contact**

If the SOA form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to the meeting.

***Plan(s) represented during this meeting:**

- Medicare Prescription Drug Plans
- Medicare Advantage Plans



- After the agent completes the SOA, the process is finished. The agent can begin to enroll the customer in their best fit Medicare plan.



Contact Us

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