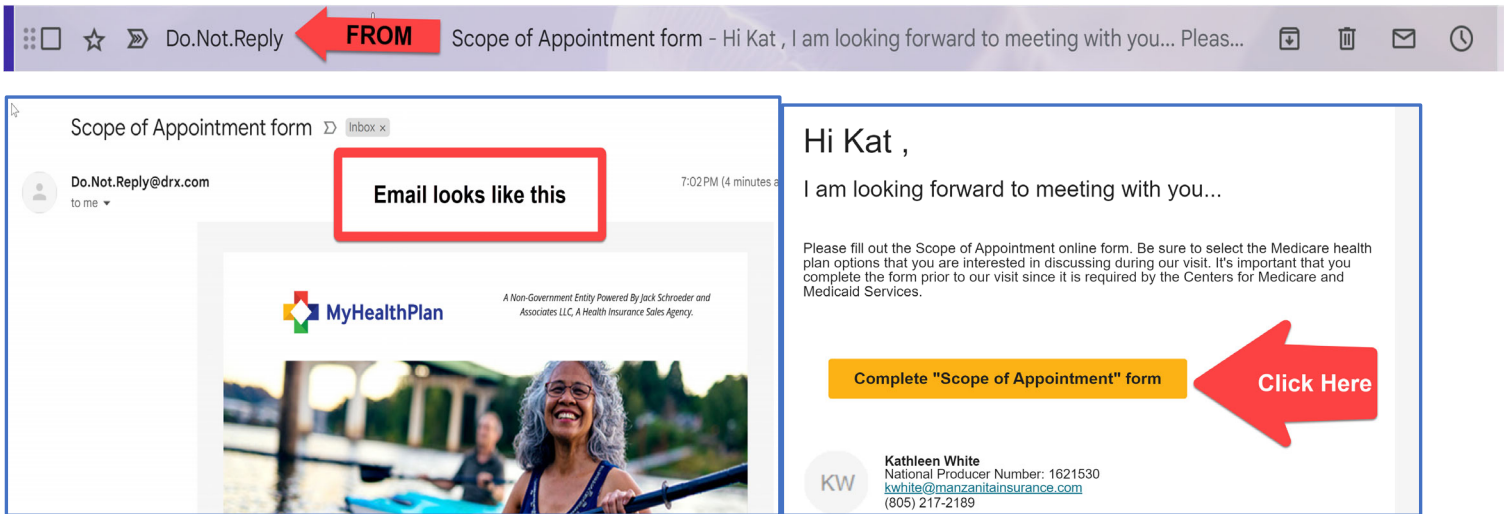


Instructions for SOA / Email will come in from Do.Not.Reply@drx.com



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.

Please check all boxes in case we talk about any of the other items

Beneficiary or Authorized Representative Information

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

Yes No

This is only for people who are a Power of Attorney for the Client

Click this box and hit the yellow SUBMIT button

- * 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 authorized individual (as described above), this submission certifies that 1) this person is authorized under State law to complete the Scope of Appointment form, and 2) documentation of this authority is available upon request by Medicare.

Submit form