



Vulnerable Populations Event Authorization Form

I hereby consent to allow an authorized Producer of WellCare Health Plans, Inc. to conduct the following event(s):

Event Type Attestation (initial all that apply)	
Initial	Event Type
	Educational Event: purpose of which is to provide objective information about Medicare and Medicare Advantage plans. WellCare representatives will not discuss WellCare plans and will not distribute plan-specific materials. Interested individuals may contact the Producer or WellCare following the event, should they like to learn more.
	Formal Marketing Event: purpose of which is to inform individuals about Medicare and Medicare Advantage Plans, and more specifically, WellCare's Medicare Advantage and Part-D products. Event includes distribution of plan-specific materials and a structured group presentation with an objective of scheduling individual sales appointments for those who are interested.
	Informal Marketing Event: purpose of which is to inform individuals about Medicare and Medicare Advantage Plans, and more specifically, WellCare's Medicare Advantage and Part-D products. Event includes distribution of plan-specific materials with no Formal group presentation planned, but proactive interaction with Beneficiaries requesting information.

Facility Name

Facility Address

Facility Representative Name/Phone Number

I attest that WellCare does not subsidize the food and/or distributed at this site.

Name

Title

Signature of Authorized Facility Representative (named above)

Date

Event Details				
Month	Day(s)/Dates	Time/Time Frame	Event Type	Facility Representative Initial

I attest that all events in this document meet all guidelines as defined on the WellCare Event Definition Tool

NOTE: WellCare highly recommends that all Managers retain photographs of relative locations of WellCare tables. Disclaimer signage for WellCare food subsidization should be used at all times.

 WellCare Management Name/Signature

 Title

 Signature Date (This document will void 90 days after signature date. A new form is required for all new events).



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Event Details				
Month	Day(s) or Dates	Time	Event Type	Facility Representative Initial