

Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his or her authorized representative). All information provided on this form is confidential and should be completed by each Medicare beneficiary or his or her authorized representative. **All fields on this form must be completed.**

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Please initial in the box at the left to confirm that you will be discussing Medicare Advantage plans with the agent. See page 2 for Medicare Advantage plan descriptions.

By signing this form, you agree to a meeting with a sales agent to discuss Medicare Advantage plans. Please note, the person who will discuss the product is either employed or contracted by a Medicare plan. The individual does 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 or future enrollment, or automatically enroll you in a Medicare plan.

Beneficiary or authorized representative signature and signature date:	
Signature:	Signature date:
If you are the beneficiary's authorized representative, please sign above and print below:	
Representative's name:	Your relationship to the beneficiary:
To be completed by agent:	
Agent name:	Agent phone:
Beneficiary name:	
Beneficiary phone:	
Beneficiary address:	
Date of appointment:	
Agent's signature:	

SOA documentation is subject to CMS record retention requirements.

Medicare Advantage plans

Medicare health maintenance organization (HMO)—A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes includes Part D prescription drug coverage. With an HMO plan, you must receive your care from the plan's network of doctors and hospitals (except in emergency and urgent care situations).

Medicare preferred provider organization (PPO)—A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes includes Part D prescription drug coverage. PPO plans have a network of doctors and hospitals you can use for care. You can also use out-of-network providers, usually at a higher cost.

Medicare Special Needs Plan (SNP)—A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medical Assistance (Medicaid), people who reside in nursing homes, and people who have certain chronic medical conditions.

UPMC *for Life* has a contract with Medicare to provide HMO, HMO SNP, and PPO plans. The HMO SNP plans have a contract with the PA State Medical Assistance program. Enrollment in UPMC *for Life* depends on contract renewal.

UPMC Health Plan, on behalf of itself and its affiliates, complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-381-3765 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-381-3765 (TTY：711)。

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