

Scope of Sales Appointment (SOA) 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.

Please initial below the product you want the agent to discuss.

Medicare Advantage Plans (Part C)

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

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 Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed 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 or future enrollment status, or automatically enroll you in the Medicare plan discussed.

Beneficiary or Authorized Representative Signature and Signature Date

Signature:	Signature Date:
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If you are the authorized representative, please sign above and print below:

<i>Representative's Name:</i>	<i>Your Relationship to the Beneficiary:</i>
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To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	Date Appointment Completed:
Plan(s) the agent represented during this meeting:	
[Plan Use Only:]	

*Scope of Appointment documentation is subject to CMS record retention requirements *



Metro Center Atrium

1776 Eastchester Road, Bronx, NY 10461

T: 718.794.7700 F: 718.794.7800

AffinityPlan.org

Affinity Health Plan is an HMO and HMO-SNP Plan with a Medicare contract and a contract with the New York State Medicaid Managed Care Program. Enrollment in Affinity Health Plan depends on contract renewal. Affinity Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-234-4499 (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 877-234-4499 (TTY : 711) 。