

# Scope of Appointment Confirmation Form

To make sure you understand what you (or your authorized representative) will be discussing with a licensed sales representative, Medicare requires this form to be completed before your meeting. All the information provided here is confidential. A separate form should be completed for each Medicare enrollee or authorized representative.

By signing this form, you are indicating that you understand your meeting will focus on a review of Bright Health's Medicare Advantage plans and Optional Supplemental Benefits. The person who will discuss the products is either employer or enrolled in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment, or enroll you in a Medicare plan.

<b>BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE &amp; DATE</b>	
<b>PLEASE CHECK WHICH PLAN YOU WANT TO ENROLL IN</b>	
Signature	Signature date (mm/dd/yyyy) __ / __ / ____
Printed name (first, last)	Relationship to beneficiary
<b>BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE &amp; DATE</b>	
<b>TO BE COMPLETED BY LICENSED SALES REPRESENTATIVE</b>	
Licensed sales representative name (first, last)	Licensed sales representative phone ( ___ ) - ___ - ____
Licensed sales representative ID	Beneficiary name (first, last)
Appointment date (mm/dd/yyyy) __ / __ / ____	Beneficiary phone (optional) ( ___ ) - ___ - ____
Beneficiary address (optional)	
Initial method of contact	Plan(s) the licensed sales representative will represent during the meeting
Signature of licensed sales representative	Signature date (mm/dd/yyyy) __ / __ / ____
If applicable, explain why SOA was not documented and signed by beneficiary prior to meeting:	

Please fax completed Scope of Appointment Form to number below or included with completed enrollment form.

Fax: 1 (844) 667-5502, [www.MedicareMadeBright.com](http://www.MedicareMadeBright.com)

Bright Health plans are HMO's and PPO's with a Medicare contract. Our SNP's also have contracts with state Medicaid programs. Our plans are issued through Bright Health Insurance Company or one of its affiliates. Enrollment in our plans depends on contract renewal. Other providers are available in our network.

This information is not a complete description of benefits. Call Bright Health customer service for more information.

ATENCIÓN: Si usted habla español, tiene a su disposición servicios de asistencia de idioma gratuitos. Llame al (844) 667-5502 (TTY: 711).

注意: 如果您说普通话, 您可以使用免费的语言帮助服务。请致电 (844) 667-5502 (听障专线: 711)。

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