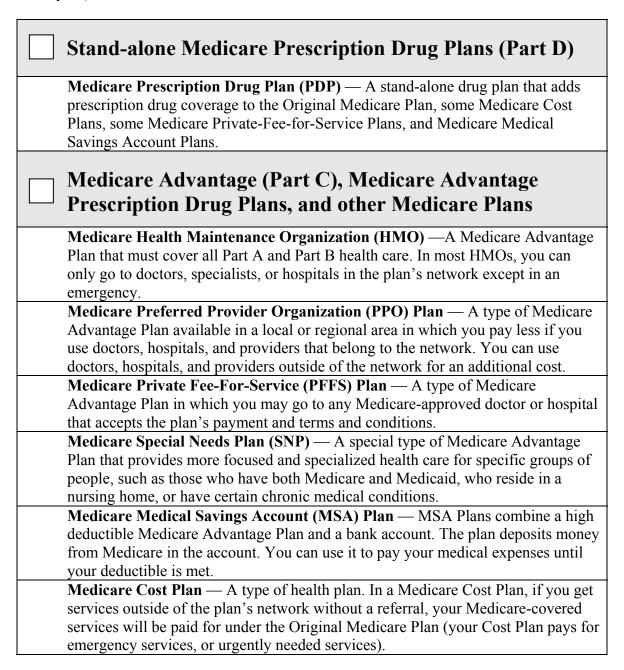
## **Sales Appointment Confirmation Form**

## To be completed by person with Medicare.

Please initial below in the box beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss a Medicare Supplement policy with you.)



You must be entitled to Medicare Part A and enrolled in Medicare Part B. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or another third-party.

By signing this form you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.  Signing this form does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.			
Beneficiary Signature:			
Date:	Time: _		
To be completed by Agent:	_		
Agent Name:	Agent Phone:		
eneficiary Name: Beneficiary Phone:			
Beneficiary Address:			
Initial Method of Contact:			
Agent's Signature:		Date:	Time:
[Plan Use Only:]			