



HEALTHSPRING

More from Medicare. More from life.

Agent Acknowledgement Form

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Policy and Procedure Sign-Off

In the performance of my duties as a contracted Agent for HealthSpring, I hereby acknowledge the following:

1. In offering products to Medicare beneficiaries, an organization and its contracted brokers/agents may not engage in any of the following practices or activities. **Prohibited practices** include, but are not limited to, the following:

| | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Discriminatory practices/Forgeries | Enrollment and/or marketing at education events |
| Door-to-door solicitations | Marketing in healthcare settings (i.e. waiting rooms, exam rooms, hospital patient rooms, dialysis centers, pharmacy counter areas) |
| Misrepresentations or activities which would mislead, confuse, or misrepresent improper payment | Offering gifts or payments to induce enrollment |
| Conducting outbound telemarketing in violation of CMS/HealthSpring policy | Accepting gifts or any commissions from affiliated providers, vendors, and customers |
| Unauthorized language interpretations | Distribution of disapproved or unapproved marketing materials |
| Distribution of incorrect enrollment materials | |
2. I will represent HealthSpring in a responsible, accurate, and respectable manner at all times.
3. I understand that the unsolicited contact of Medicare beneficiaries is prohibited. All appointments must be pre-scheduled, with consent and scope of appointment documented.
4. I will provide accurate information regarding eligibility requirements, plan benefits, grievance, appeals, and disenrollment procedures.
5. I will abide by all CMS, State, and HealthSpring marketing guidelines.
6. I will not discriminate against any Medicare beneficiary who is eligible for a HealthSpring offering.
7. I will not make any statement, claim, or promise that conflicts with, alters, or erroneously expands upon either the information contained within CMS-approved materials or HealthSpring materials.
8. I will not mislead, confuse, or misrepresent to potential members about HealthSpring, competitive plans, or Medicare.
9. I will not misrepresent myself as an agent of Medicare, Social Security, or any agency of the federal government.
10. I will not offer any form of enticement, such as gifts or payments, to induce enrollment by potential members.
11. I will identify myself as representing HealthSpring to all prospective or current members.
12. I understand that violation of any of the above will result in disciplinary action up to and including contract termination.

A copy of this form has been placed in my individual electronic file with HealthSpring and a copy can be furnished to me upon my request to the health plan.

All HealthSpring agents are contractually obligated to read, review, and abide by all HealthSpring policies and procedures. All policies and procedures can be found on the HealthSpring OMT site at:

Browser Address:

<https://omt.gormanhealthgroup.com/DocLib/Default.aspx?FileObjectID=99173&ParentFileObjectID=19212&Paging=0>

Your login name is sales.agent@healthspring.com

Your password is **Healthspring2**

By signing this, Acknowledgement Form I, _____ confirm that I have received HealthSpring corporate Sales policies and procedures and will abide by all of the requirements set forth above. I also attest that I have read them completely and thoroughly, understand them to the fullest extent, and agree to abide by the guidelines they establish. If at any time I am unclear about a policy or have a question I will consult my Sales Manager/Sales Lead for further guidance.

Employed/Contracted Agent

Date

Sales Manager/Sales Lead

Date