Scope of Sales Appointment
Confirmation Form

(Please disregard if not working with an agent)

Beneficiary or Authorized Representative:

Please fill in the required information and select plans you would like to learn more about in the space below. By selecting one or more plans, you are confirming this form has been completed prior to the discussion of these plans and/or benefits. 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.

Name	Relationship (if you are not beneficiary)
Signature	Date

- ☐ Medicare Advantage Plans (Part C)
- ☐ Stand-alone Medicare Prescription Drug Plans (Part D)
- ☐ Medicare Supplement Plans (Medigap)
- ☐ Dental / Vision / Hearing Plans
- ☐ Long-term Care Plans
- ☐ Cancer / Heart Attack / Stroke Plans
- ☐ Hospital Indemnity Plans
- ☐ Accident Plans

Agent:

Please fill in the required information. You must be contracted for the plans selected above; a separate contract and appointment for each plan may be required. Retain this form — we may request a copy of it in the future.

Agent name & writing ID	Beneficiary name
Agent phone	Beneficiary phone
Agent signature	Beneficiary address
Date appointment completed	Initial method of contact

For more information, or for this document in another language or format, please call us at 1-866-766-2583 (TTY: 711), 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and Monday - Friday from April 1 through September 30. You can also visit lassohealthcare.com.