



## Scope of Sales Appointment Confirmation (SOA 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 beside the type of product(s) you want the agent to discuss.**

<input type="checkbox"/> <b>Medicare Advantage Plans (Part C)</b>
<b>Medicare Health Maintenance Organization (HMO)</b> 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)

**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 enrollment, or enroll you in a Medicare plan.**

**Beneficiary or Authorized Representative:**

**Signature:** \_\_\_\_\_ **Signature Date:** \_\_\_\_\_

*If you are the authorized representative, please print below:*

**Representative's Name:** \_\_\_\_\_

**Relationship to the Beneficiary:** \_\_\_\_\_

### To be completed by Agent:

<b>Agent Name:</b>	<b>ID:</b>	<b>Agent Phone:</b>
<b>Beneficiary Name:</b>		<b>Bene. Phone:</b>
<b>Bene. Address:</b>		
<b>Plan(s) presented during this meeting (check all that apply):</b> <input type="checkbox"/> Plan 001 <input type="checkbox"/> Plan 006 <input type="checkbox"/> Plan 012		
<b>Initial Method of Contact:</b> <input type="checkbox"/> Walk-in Provider Center <input type="checkbox"/> Walk-in Marketing Event		
<input type="checkbox"/> Walk-in Business Appointment <input type="checkbox"/> Inbound Call Plan Lead <input type="checkbox"/> Inbound Call Provider Lead		
<input type="checkbox"/> Consent-to-Contact Card <input type="checkbox"/> Business Reply <b>Notes:</b> _____		
<b>Agent's Signature:</b>		<b>Date of Appointment:</b>
<b>[Plan use only:]</b>		

*\*The SOA Form is required to complete prior to all sales appointment. Documentation of the SOA Form is subject to CMS record retention requirements.*

HealthSun Health Plan is an HMO plan with a Medicare contract. Enrollment in HealthSun Health Plan depends on contract renewal. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-336-2069 (TTY: 1-877-206-0500).