

Government Required Scope of Appointment Form

CMS, the Center for Medicare and Medicaid Services, requires that insurance agents providing Medicare Part D Prescription and Medicare Advantage Plans to people on Medicare, first receive from the Medicare beneficiary the attached form.

After I receive the form from you either by fax, mail or email, or we complete a recorded phone call agreeing to the following pages, I can then provide you with detailed Medicare Part D prescription drugs, Medicare Advantage Plan information and Medicare Supplement information. **All** agents that do not have Medicare Beneficiaries complete this process cannot **legally** provide you complete information about your choices. They are also in violation of federal Medicare laws. As such, these agents are subject to fines, imprisonment, and being banned from marketing Medicare Advantage and Part D products. Please understand that I do **NOT** intend to be a part of that. This is **NOT** my law, I do abide by it, as should all agents.

All Medicare beneficiaries now has more choices available than in the past.

Basically, your choices are these:

1. Original Medicare Only - this is having Medicare Parts A and B
2. Original Medicare with a Medicare Supplement or Medigap (Medicare Supplement and Medigap are two phrases/words for the same thing)
3. Original Medicare with a Part D Prescription Drug Plan
4. Original Medicare with both Medicare Supplement and Part D Prescription Drug Plan
5. Enrolling in a Medicare Advantage Plan

I would like to provide you with ALL options. In order to provide that information to you, please read, initial, sign and then fax, mail or email the attached Scope of Appointment form to:

An Absolute Broker
1319 Military Cutoff Rd #188
Wilmington, NC 28405
Ph: 910-232-4964
Fax: 775-522-7777
www.anabsolutebroker.com
Email: mrkshef@yahoo.com

Returning this form does NOT enroll you in any plans or change what you currently have nor is there any obligation on your part. This is to authorize/approve discussions ONLY.

By signing THIS page, I agree to all discussions of any insurance products and authorize phone calls, emails, etc. from agency until I revoke this authorization.

X _____
Signature

X _____
Spouse

Phone #: _____

Email: _____