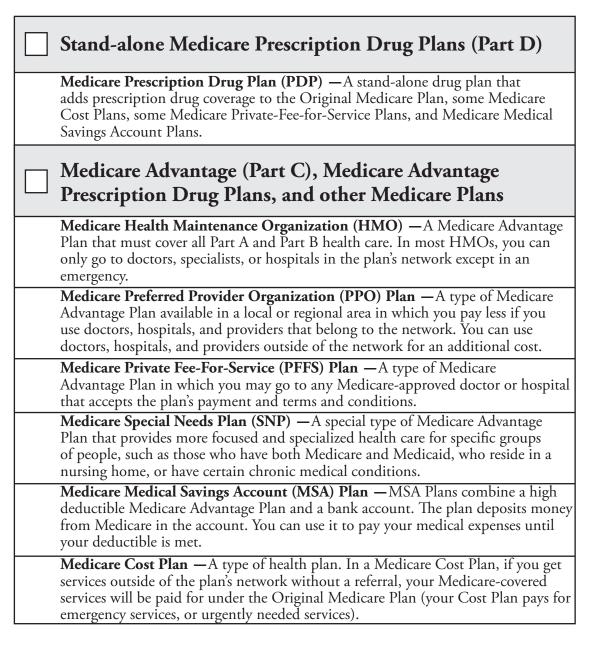
Sales Appointment Confirmation Form

To be completed by person with Medicare.

<u>Please initial below</u> 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.)



Medicare approved PPO, PFFS and PDP plans.

(Please turn over to SIGN and DATE.)

| | 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. | | | |
| Sign Here → | Beneficiary Signature: | | | |
| Date Here → | Date: Time: | | | |
| | | | | |

To be completed by Agent:

| Agent Name: | Agent Phon | ne: | | |
|----------------------------|--------------------|-------|-------|--|
| Beneficiary Name: | Beneficiary Phone: | | | |
| Beneficiary Address: | | | | |
| Initial Method of Contact: | | | | |
| Agent's Signature: | | Date: | Time: | |
| [Plan Use Only:] | | | | |

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