



Wellmark Blue Cross Blue Shield of Iowa
Wellmark Blue Cross Blue Shield of South Dakota

Independent Licensees of the Blue Cross and
Blue Shield Association

Scope of Sales Appointment Confirmation 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 product you want the agent to discuss.

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

By signing this form, you agree to a meeting with a sales agent to discuss the product you initialed above. Please note, the person who will discuss the product 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 or future enrollment status, or enroll you automatically in the Medicare plan discussed.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature _____ Date ____/____/____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____



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To be completed by Agent:	
Beneficiary Name:	Beneficiary Phone (Optional): ()
Beneficiary Address (Optional): Street: _____	
City: _____ State: _____ ZIP Code: _____	
Initial Method of Contact: (e.g. walk-in)	
Agent Name (please print):	Agent Phone: ()
Agent's Signature:	Agent Number _____
Plan the agent represented during this meeting:	
Date of Appointment: ____/____/____	

* Scope of Appointment documentation is subject to CMS record retention requirements *

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

MedicareBlueRx is a prescription drug plan (PDP) with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.