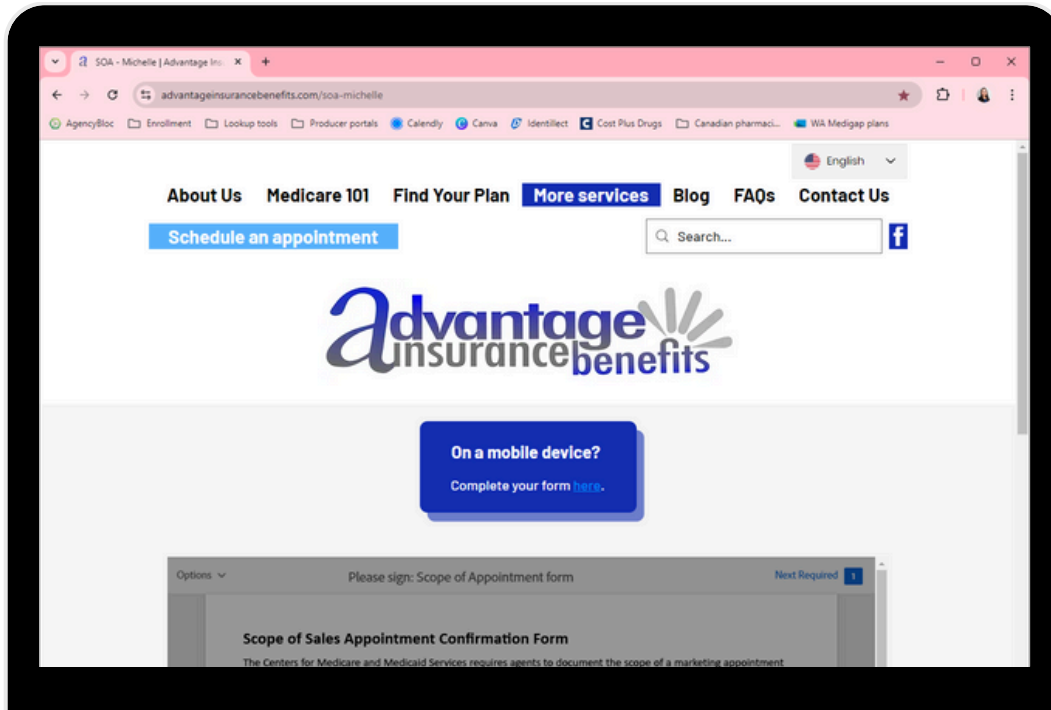
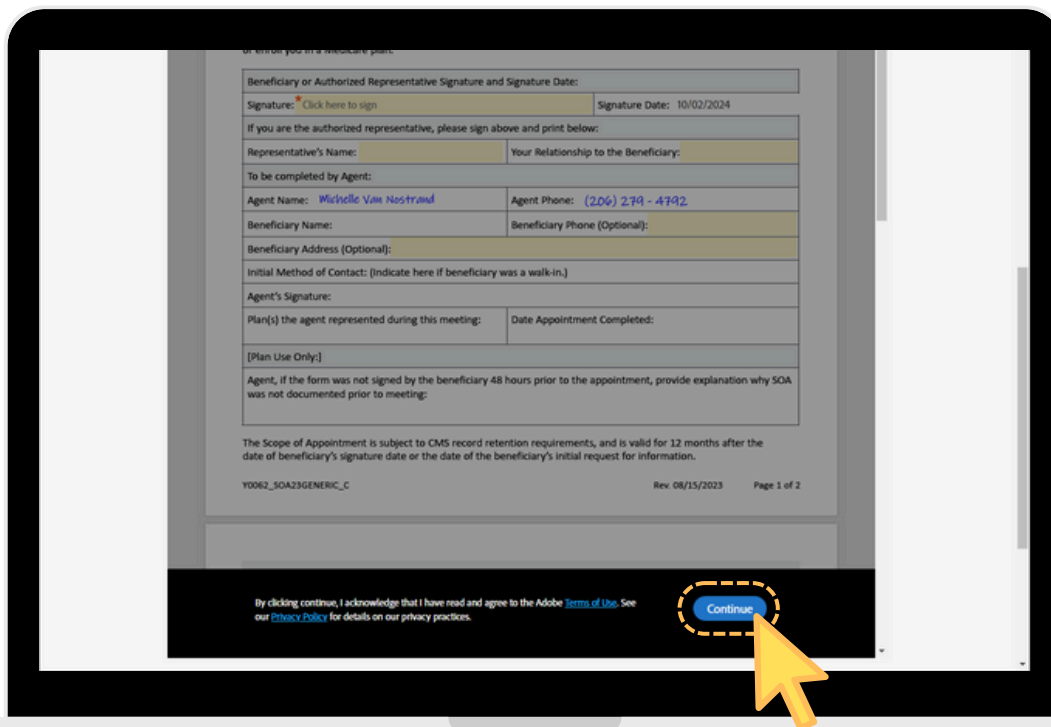


How to sign the Scope of Appointment online

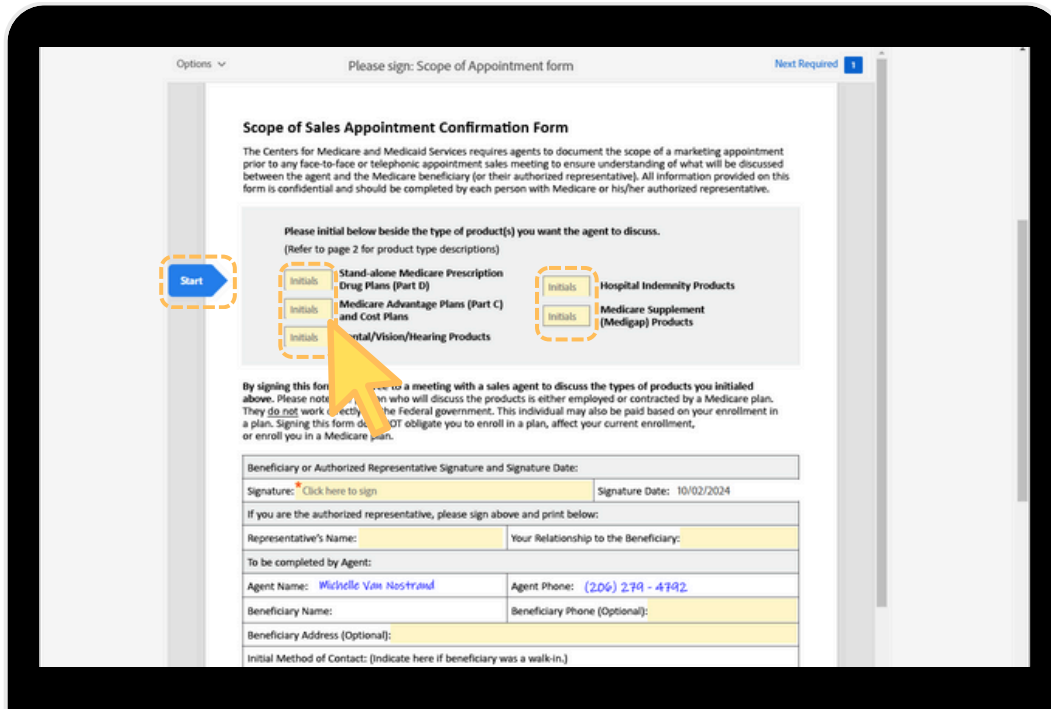
1.- Open the link to our website that was previously provided to you:



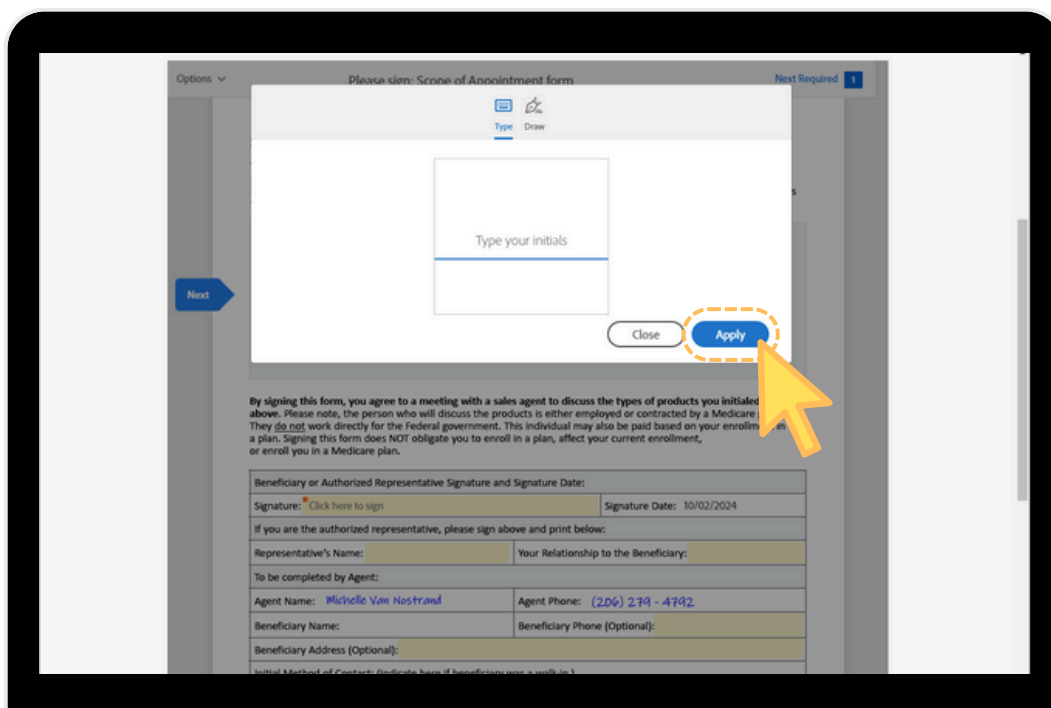
2.- Scroll down to the bottom of the page and click "Continue".



3.- The blue tab on the left will prompt you on what you need to do. First, you will need to add your initials next to the type of products you want me to discuss with you.



4.- Click on the box you want to fill and they'll let you type or draw your initials in. Then click on "Apply".



5.- Next, click on the signature box to sign.

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face or telephonic appointment 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.
(Refer to page 2 for product type descriptions)

<input checked="" type="checkbox"/>	Stand-alone Medicare Prescription Drug Plans (Part D)	<input checked="" type="checkbox"/>	Hospital Indemnity Products
<input checked="" type="checkbox"/>	Medicare Advantage Plans (Part C) and Cost Plans	<input checked="" type="checkbox"/>	Medicare Supplement (Medigap) Products
<input checked="" type="checkbox"/>	Dental/Vision/Hearing Products		

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 and Signature Date: Signature Date: 10/02/2024

Signature: [Click here to sign](#)

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

Representative's Name:	Your Relationship to the Beneficiary:
To be completed by Agent:	
Agent Name: Michelle Van Nostrand	Agent Phone: (206) 279 - 4792
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:
[Plan Use Only:]	

6.- Type in your name or draw it using your mouse. Then click on "Apply".

Type your signature here

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 and Signature Date: Signature Date: 10/02/2024

Signature: [Click here to sign](#)

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

Representative's Name:	Your Relationship to the Beneficiary:
To be completed by Agent:	
Agent Name: Michelle Van Nostrand	Agent Phone: (206) 279 - 4792
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	

7.- The rest of the boxes are optional, you can fill them out if you wish to do so. **Fill out the “representative” boxes if you have a Legal Power of Attorney making your decisions and signing for you.**

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.
(Refer to page 2 for product type descriptions)

Stand-alone Medicare Prescription Drug Plans (Part D)
 Hospital Indemnity Products
 Medicare Advantage Plans (Part C) and Cost Plans
 Medicare Supplement (Medigap) Products
 Dental/Vision/Hearing Products

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 and Signature Date:
 Signature: Michelle Van Nostrand Signature Date: 10/02/2024

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

Representative's Name: _____ Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name: Michelle Van Nostrand Agent Phone: (206) 279-4792
 Beneficiary Name: Trial Run Beneficiary Phone (Optional): _____
 Beneficiary Address (Optional): _____
 Initial Method of Contact: (Indicate here if beneficiary was a walk-in.) _____
 Agent's Signature: _____
 Plan(s) the agent represented during this meeting: _____ Date Appointment Completed: _____

[Plan Use Only:]
 Agent, if the form was not signed by the beneficiary 48 hours prior to the appointment, provide explanation why SOA was not documented prior to meeting: _____

8.- Once you have finished filling out your form, scroll to the bottom of the page and click the “Click to Sign” button.

Dental/Vision/Hearing Products
Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products
Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

Medicare Supplement (Medigap) Products
Plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Do not submit if you do not trust the requesting party or if you suspect phishing or fraudulent activity

By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

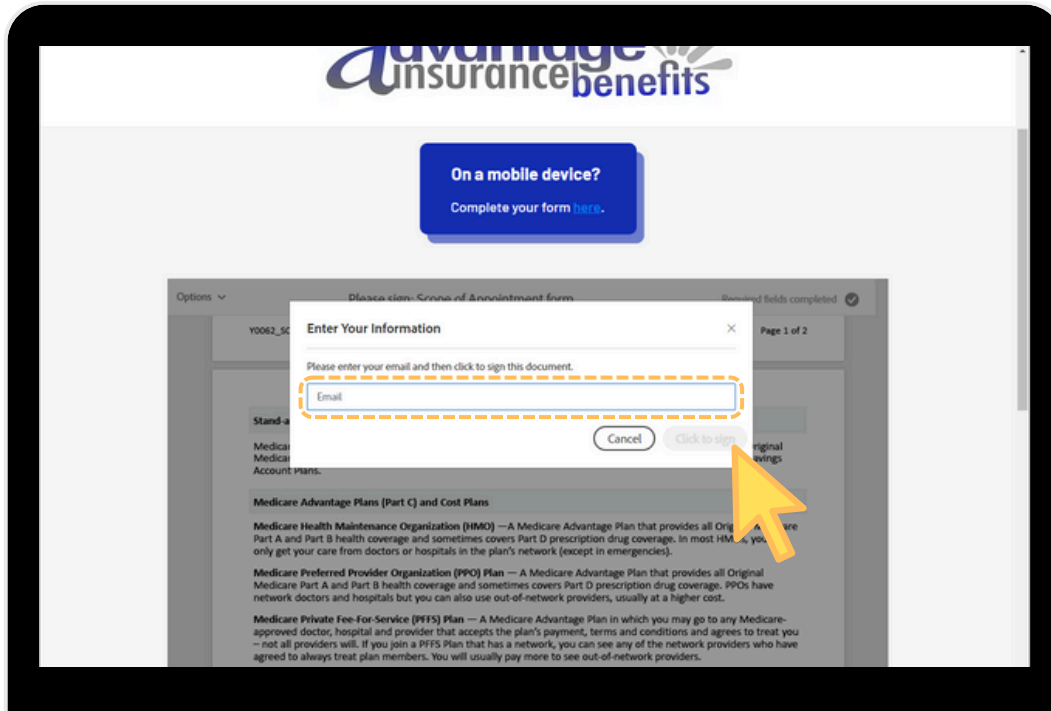
Click to Sign

Advantage Insurance Benefits

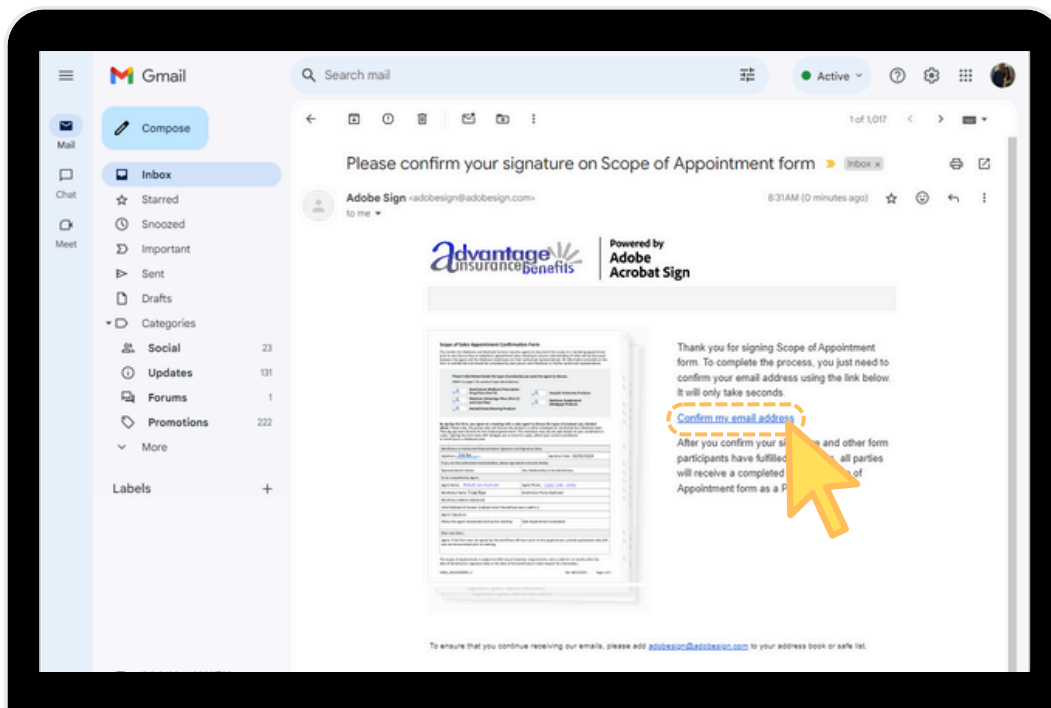
Contact Us!
 info@advantageinsurancebenefits.com
 (206) 466-1935

Subscribe to get our newsletters!
 Name _____ Email Address _____ **Submit**

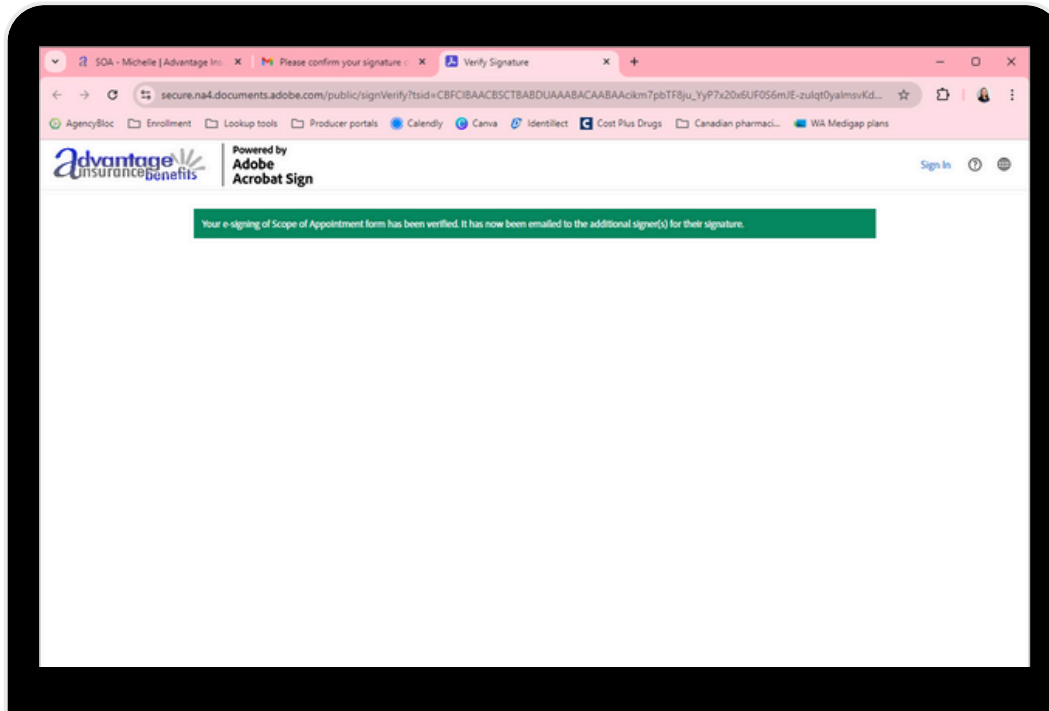
9.- You will need to enter your email address. Then click the “Click to Sign” button.



10.- If you completed all of the steps correctly, Adobe Sign will email you asking to confirm your signature. Click on the link in that email.



We will receive your completed Scope of Appointment form once you have completed all of the steps and you see this confirmation message:



Thank you!