



## Scope of Appointment Confirmation (SOA)

The Centers for Medicare and Medicaid Services (CMS) requires licensed sales agents to document the scope of a marketing appointment\* between the agent and the Medicare beneficiary (or their authorized representative) prior to any individual face-to-face or telephonic sales meeting. All information provided on this form is confidential. A separate form should be completed for each Medicare eligible beneficiary or his/her authorized representative. A new scope of appointment (SOA) is required if the beneficiary (or their authorized representative) requests information regarding a different plan type than previously agreed upon.

Please initial below beside the type of product(s) you want the agent to discuss.

Medicare Advantage Plans (Part C)	
<input type="checkbox"/>	<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 network (except in emergencies).
<input type="checkbox"/>	<b>Medicare Special Needs Plan (C-SNP):</b> A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

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 or future Medicare enrollment, or automatically enroll you in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date	
Signature:	Signature Date:
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:	Agent Phone:
Agent Signature:	FMO:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	Beneficiary MBI:
Initial Method of Contact:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:
If applicable, provide the explanation why the SOA was not signed prior to meeting: (walk-in, unplanned attendee etc.)	



*\*Scope of Appointment documentation is subject to CMS record retention requirements. Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). Imperial Health Plan of California (HMO) (HMO SNP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).*