SILVER PATH BENEFITS

Insurance Services

Scope of Appointment

Medicare personal marketing appointment

FORM SPB-SOA

Use this form to identify the Medicare-related product categories you want to discuss with a licensed agent.

Signing does not enroll you in a plan, require enrollment, or change your current Medicare coverage.

1 BENEFICIARY AND APPOINTMENT DETAILS

BENEFICIARY FULL NAME

PHONE NUMBER

EMAIL ADDRESS

APPOINTMENT DATE

TIME

APPOINTMENT FORMAT

LOCATION / SCHEDULING NOTE

2 PRODUCT CATEGORIES YOU AGREE TO DISCUSS

Check only the categories you want included. Categories not selected should not be marketed unless a separate scope is documented.

☐ **Medicare Advantage Plans (Part C)**

Includes MA plans with or without Part D drug coverage.

☐ **Stand-alone Prescription Drug Plans (Part D)**

Prescription drug coverage offered separately from Original Medicare.

☐ **Medicare Supplement Insurance (Medigap)**

Private Medicare Supplement policies that work with Original Medicare.

☐ **Stand-alone dental, vision, or hearing coverage**

Separate health-related insurance products, if requested and available.

☐ **Other health-related product category requested by beneficiary:**

3 BENEFICIARY ACKNOWLEDGMENT

☐ I agree that the categories checked above are the Medicare-related products I want to discuss. I understand that signing this form does not obligate me to enroll in a plan. If I later ask to discuss additional health-related product categories, a separate scope may need to be documented first.

This scope may be used for up to 12 months from the signature date, subject to applicable plan and agency requirements.

BENEFICIARY SIGNATURE / TYPED NAME

DATE SIGNED

PREFERRED CONTACT

AGENT / AGENCY USE

Matthew Valdes | CA Insurance License #4562895 | NPN 22281832 | Silver Path Benefits Insurance Services

(562) 328-4326 | mvaldes@spbenefits.com | California

AGENT SIGNATURE / TYPED NAME

DATE SCOPE RECEIVED

COLLECTION METHOD