

# Scope of Appointment Confirmation Form

To make sure you understand what you (or your authorized representative) will be discussing with a licensed sales representative, Medicare requires this form to be completed before your meeting. All the information provided here is confidential. A separate form should be completed for each Medicare enrollee or authorized representative.

By signing this form, you are indicating that you understand your meeting will focus on a review of Bright Health's Medicare Advantage plans and Optional Supplemental Benefits. The person who will discuss the products is either employed or enrolled in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment, or enroll you in a Medicare plan.

BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE & DATE	
Signature	Signature date (mm/dd/yyyy) _ _ / _ _ / _ _ _ _
Printed name (first, last)	Relationship to beneficiary
BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE & DATE	
TO BE COMPLETED BY LICENSED SALES REPRESENTATIVE	
Licensed sales representative name (first, last)	Licensed sales representative phone ( _ _ _ ) - _ _ _ - _ _ _ _
Licensed sales representative ID	Beneficiary name (first, last)
Appointment date (mm/dd/yyyy) _ _ / _ _ / _ _ _ _	Beneficiary phone (optional) ( _ _ _ ) - _ _ _ - _ _ _ _
Beneficiary address (optional)	
Initial method of contact	Plan(s) the licensed sales representative will represent during the meeting
Signature of licensed sales representative	Signature date (mm/dd/yyyy) _ _ / _ _ / _ _ _ _
If applicable, explain why SOA was not documented and signed by beneficiary prior to meeting:	

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