SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

Cigna HealthSpring

You can complete this Scope of Appointment one of two ways:

- **Call Us** at 1-866-398-6055
- **Fax Us** using the designated fax number provided by your agent.

Beneficiary or Authorized Representative:

Name: _____ Relationship: _____

Signature: _____ Date: _____

Signing this form does **NOT** obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare plan. Select below which plans you would like to learn more about. By selecting a plan you are confirming this form has been completed prior to the discussion of these benefits.

- ☐ Medicare Advantage Plans (Part C)
- ☐ Medicare Supplement (Medigap) Plans*
- ☐ Stand-Alone Medicare Prescription Drug Plans (Part D)
- ☐ Dental/Vision/Hearing Plans*
- ☐ Cancer/Heart Attack/Stroke Plans*
- ☐ Hospital Indemnity Plans*

REQUIRED: ALL SECTIONS TO BE COMPLETED BY AGENT
*Agent must be contracted for the plans selected above. A separate contract and appointment for each plan may be required.

Agent Name / Writing ID	**Beneficiary Name**
Agent Phone	**Beneficiary Phone**
Agent's Signature	**Beneficiary Address**
Date Appointment Completed	**Initial Method of Contact**

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