

SCOPE OF APPOINTMENT

Should we meet during the Medicare Enrollments Periods, or when you initially start Medicare, or if you are looking for Medicare Supplemental Insurance during any part of the year please check below the following areas that you would like to discuss prior to our appointment.

You have agreed to discuss the following Medicare health insurance products/plans during our appointment. PLEASE CHECK THE TOP BOX TO DISCUSS ALL INSURANCE PLANS

- ALL *Medicare Insurance Plan Options Listed Below
- *Medicare Supplement Plan/Medigap
- *Medicare Cost Plan
- *Medicare Point of Service Plan
- *Medicare Advantage PFFS Plan (Private Fee For Service)
- *Medicare Advantage PPO (Preferred Provider Organization)
- *Prescription Drug Coverage (Medicare Part D)
- Medicare Insurance Education/Consultation for Retirement and or Low Income Assistance
- E-MAIL ADDRESS: _____ You have my permission to put me on your E-Mail list. (This info is never shared nor do I labor you with an overload of E-Mails.)

Other Medicare health insurance products not indicated above:

- 1) _____
- 2) _____

***NOTE:** Additional products or lines of business, not identified above, **may not** be discussed during our appointment because of new CMS legislation passed this September of 2008. If you request additional information for Life, Annuity, Burial Funeral Trusts, or AFLAC Specialty Insurance during our appointment, I will be happy to schedule a separate appointment at least 48 hours after this appointment. New laws prohibit cross selling of other products during discussing Medicare Health Insurance products for added protection to you.*

***Please sign, date and RETURN THIS FORM to me PRIOR to our scheduled appointment. The new law requires that if this form is not returned at least a day in advance to our appointment date, we will need to re-schedule.**

***SEND BACK BY** 1.) FAX: 218-326-0714 2.) E-MAIL: COLLVANMN@YAHOO.COM
3.) MAIL: Vaneps Insurance Services, 104 NE 3rd ST. Ste. 200E, Grand Rapids, MN 55744.

Your Signature (Power of Attorney/POA) Your Printed Name Date

Spouse Signature (If applicable) Your Printed Name Date

Respectfully Yours,

Colleen F. Vaneps, Independent Health/Life Insurance Agent of Grand Rapids, Minnesota

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218-326-2354