Medicare Plan Request Form

E. Mann Insurance Services
** Return completed form via email, fax or mail: **
310 W. Laskey Rd. Toledo, OH 43612
emann@emanninsurance.com
Office: 419.724.3647 | Fax: 1.419.754.2021

1 **I am interested in discussing my options regarding:**

Coverage:	**Current or Prior Coverage:** ☐Group ☐Individual ☐Medicare	
☐Medical	Medical _____	Monthly Premium: $ _____
☐Prescription Drug	Prescription _____	Monthly Premium: $ _____
☐Dental	Dental _____	Monthly Premium: $ _____
☐Vision	Vision _____	Monthly Premium: $ _____

*Referred by: _____

2 **Please complete the information below. Social Security and Medicare numbers are *not* required.**

Name: _____

(Primary Residence) Street: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____Cell☐ Home☐ E-Mail: _____

Date of Birth: _____ Smoke/Tobacco: ◯Yes ◯No

Social Security #: _____ Effective date (Part A): _____

Medicare #:_____ Effective date (Part B): _____

3 **If you have a second home or place of residence, please complete the following:**

Address (including City/State/Zip):_____

4 **If you are requesting information regarding Medicare Part D Prescription Drug Plans, please complete the following regarding current medications you are taking *(required)*.**

☐ Preferred Pharmacy: _____ Prefer Mail Order: ◯Yes ◯No

Name of Prescription – TAB or CAP, ER, SR, etc. *(check ☑ the box if you take the generic version)*	***Dosage***	***Quantity/Month***
☐ _____	_____	_____
☐ _____	_____	_____
☐ _____	_____	_____
☐ _____	_____	_____
☐ _____	_____	_____
☐ _____	_____	_____

* Please list additional medications below.

** If you are interested in quoting Medicare Advantage plans, please list your current medical providers and preferred facilities/hospitals in the spaces provided.

Name: _____

Additional Medications **Provider/Facility/Hospital Name**	**Dose** **Specialty** (ie., PCP)	**Quantity/Per Month** **Location**

Scope of Appointment Confirmation Form

E. MANN INSURANCE SERVICES

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. **Please check what you want to discuss with the Licensed Sales Representative.**

Please indicate the product(s) you agree to discuss by checking the applicable checkbox(es):

- ☐ **Medicare Advantage Plans (Part C) and Cost Plans**
- ☐ **Stand-alone Medicare Prescription Drug Plan (Part D)**
- ☐ **Medicare Supplement (Medigap) Plan**
- ☐ **Dental-Vision-Hearing Products**
- ☐ **Hospital Indemnity Products**

By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They **do not** work directly for the federal government.

Signing this form **does not** affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____ **Signature Date:** _____

If you are the authorized representative, please sign above and print clearly and legibly below:

Authorized Representative's Name: _____ Your Relationship to the Beneficiary: _____

To be completed by the Licensed Sales Representative (print clearly and legibly):

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone (Optional)	Date Appointment will be Completed
Beneficiary Address (Optional)		
Initial Method of Contact	Plan(s) the Licensed Sales Representative will represent during the meeting	
Licensed Sales Representative Signature		

*Scope of Appointment documentation is subject to CMS record retention requirements.

**This is a solicitation for insurance.

Product Descriptions

Stand-alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) — 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's network (except in emergencies).

Medicare HMO Point-of-Service (HMO-POS) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — 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.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Other Health-Related Products

Dental/Vision/Hearing Products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans **are not** affiliated or connected to Medicare.

Hospital Indemnity Products— Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans **are not** affiliated or connected to Medicare.

Medicare Supplement (Medigap) Products— Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and co-insurance amounts for Medicare approved services.