Schedule Your Appointment To Find Out More Information

We will be glad to give you information on the coverage that you need, such as:

- Save money with monthly premiums as low as \$0.00 a month.
- Enjoy the security of benefits that will never change, even if your health does.
- Fill the gaps in Medicare.
- Keep the doctors you know and trust.
- Get the same quality coverage as competitive plans with some of the lowest premiums available.
- Visit any Medicare-approved doctors, specialists and hospitals with no network restrictions and no referrals required.

Invest 20 Minutes Of Your Time To Get A Plan That's Just Right For You

Prior to the appointment please print, sign and mail Scope of Sales Appointment (attached 2 pages below) to:

Gesla Insurance Agency Inc.

11 Truman Drive

Farmingville, NY 11738

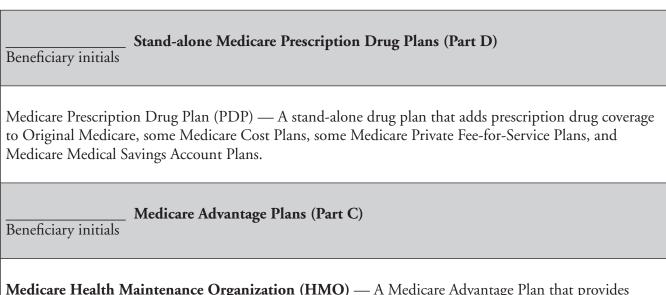
If you have any other questions, call us at 631-840-0027

Thank you.

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.



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 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 and hospitals but you can also use out-of-network providers, usually at a higher cost.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. The person does not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

<u>C'</u>	
Signature:	
Signature Date:	
If you are the authorized representative, pleas	se sign above and print below:
Representative's Name:	
Your Relationship to the Beneficiary:	
To be completed by Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Medicare ID Number:	
Initial Method/Location of Contact: (□ Indicate here if beneficiary was a walk	-in.)
Agent's Signature:	
Plan(s) the agent represented during this	meeting:
Date Appointment Completed:	
[Plan Use Only:]	
Scope of Appointment documentation is s	ubject to CMS record retention requirements.
	nt form is selected for beneficiary's plan enrollment choice. iciary at the time of appointment, please provide explanation why

A health plan with a Medicare contract.