Susan Polk Insurance
Medicare Specialists
HEALTH • LIFE • LONG-TERM CARE

Engagement Letter

Dear CLIENT,

On behalf of Susan Polk Insurance Agency, Inc., ("SPI") we would like to thank you for choosing us. We appreciate the opportunity to serve you. This letter will set forth our engagement, including a disclaimer and waiver regarding electronic data transfers.

The individual named below hereby allows Susan Polk Insurance Agency, Inc., to be his/her broker for enrolling in health insurance and for providing service. During the course of this relationship, SPI may have access to Client's personal health and income information. It is agreed that:

- Susan Polk Insurance Agency, Inc., will comply with the security and data privacy provisions enumerated in The Health Insurance Portability and Accountability Act ("HIPAA") of 1996;
- If requested, Client will sign applications and/or other documents electronically in a timely manner;
- In the course of our relationship, SPI may conduct electronic data transfers, including setting up passwords, on Client's behalf using third-party internet sites, such as Medicare and/or Covered California. These passwords will be safeguarded, and shared with Client;
- With regards to said data transfers and passwords, **CLIENT AGREES THAT SUSAN POLK INSURANCE AGENCY, INC., SHALL HAVE NO LIABILITY FOR ANY LOSS OR DAMAGE TO ANY PERSON OR ENTITY RESULTING FROM THE USE OF ELECTRONIC DATA TRANSFERS, AS WELL AS ANY CONSEQUENTIAL, INCIDENTAL, DIRECT, INDIRECT, OR SPECIAL DAMAGES, OR DISCLOSURE OR COMMUNICATION OF CONFIDENTIAL OR PROPRIETARY INFORMATION.**

The terms of this engagement will remain in force until otherwise modified.

Sincerely,
Susan Polk Insurance Agency, Inc.

I have read, understand and agree to the above statements. Accepted by:
Client: _____ Date: _____

Scope of Appointment

This form is to be completed by the Medicare beneficiary.

Please read the descriptions of the plan types below and check the boxes next to the plan types that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty.

☐ 1. Medicare Supplements

Medicare Supplements are plans that complement your Original Medicare Plan. Depending on the supplement, this may cover Part A and B deductibles, Part B excess and other services.

☐ 2. Stand-alone Medicare Prescription Drug Plans (Part D)

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

☐ 3. Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans

Medicare Health Maintenance Organization (HMO) is a Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMO's, you can only go to doctors, specialists or hospitals in the plan's network except in an emergency.

Medicare Preferred Provider Organization (PPO) Plan is a type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals and providers that belong to the network. You can use doctors, hospitals and providers outside of the network for an additional cost.

Medicare Private Fee-for Service (PFFS) Plan is a type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment, terms and conditions.

Medicare Special Needs Plan (SNP) is a special type of Medicare Advantage Plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home or have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan combines a high deductible Medicare Advantage Plan and 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 is a type of health plan in which, if you get services outside the plan's network without referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services or urgently needed services).

☐ 4. Long-Term Care Insurance

Long-Term Care Insurance, whether it is a California Partnership for Long-Term Care, traditional or asset-based policy, is a stand-alone product, not associated with Medicare. Your Original Medicare Plan offers minimal coverage for long-term care under very specific conditions. Any long-term care beyond what Medicare provides would only be covered by a separate long-term care insurance policy or Medicaid.

☐ 5. Life Insurance

Life Insurance is a stand-alone product, not provided by or associated with Medicare.

☐ 6. Annuities

Annuities are financial vehicles, not associated with Medicare, designed to provide lifetime income for an up-front premium. These products can also be linked to other benefits, such as long-term care or life insurance.

By signing this, you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that will be discussing plan options with you is either employed or contracted by an insurance company, Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Plan, any other Medicare or insurance plan.

You have the right to have other persons present at the meeting, including family members, financial advisors or attorneys.

You have the right to end the meeting at any time.

You have the right to contact the Department of Insurance for information, or to file a complaint at: 1-800-927-4357.

Medicare Beneficiary Signature: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____
Address: _____
Phone Number: _____
Relationship to the Beneficiary: _____

To be completed by agent:

Beneficiary Name: _____
Beneficiary Address: _____
Beneficiary Phone Number: _____
Initial Method of contact: _____

Agent Name: Susan K. Polk
Agent Phone Number: (805) 544-6454
Agent Signature: _____

Prescription Drug Form

To recommend a Prescription Drug Program for you, please complete the information below:

Name: _____
Phone Number: _____
Present Pharmacy: _____
Preferred Pharmacy: _____

Current Perscriptions

Drug Name	Dosage	Form - Tablet, capsule, drops, etc	Number per day	Generic OK?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				