Baker Insurance

Annual Election Review Form

Name ______________________________ **Date of Birth** ______________________

Address **City** **State** **Zip** **County**

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Mailing Address **City** **State** **Zip** **County**

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Cell Phone ______________________ **Home Phone** ______________________

Personal Email ______________________ **Work Email** ______________________

Preferred Pharmacy ______________________ **Use mail order pharmacy?** YES NO

Prescription List - only those to be taken in the next 12 months. *(If you need more room, please completed on the back.)*

RX Name on Bottle (list generic, if used)	Dosage - 10 mg	Frequency (How Often Taken) - 2x Day	Type - Tablet, Capsule, Gel, Cream, Spray	Diagnosis / Condition Reason Taking

- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____

Interested in/have Advantage Plan? LIST ALL Providers - Doctors, Dentists, DME, Home Health, etc.

First Name	Last Name	Specialty	Office Address	Phone

- ____
- ____
- ____
- ____
- ____
- Hospital **Facility Name** ______________________ **Hospital City** ______________________

AUTHORIZATION

I have voluntarily provided the information on this sheet to BIFS, LLC, dba Baker Insurance & Financial Services to aid in the choice of individual health plan(s). I am pursing their advice for health plan(s) that will best service my needs. I agree to receive my personal, no cost, no obligation recommendation, and I further authorize a licensed sales agent to contact me by phone, text, email, or mail, if needed. This information, provided to Baker Insurance, is not to be used for any purpose other than for my health plan(s) selection. I understand I am not bound to accept their recommendation. By returning this form, I am authorizing a licensed agent from Baker Insurance to contact me regarding my healthcare needs.

Signature ______________________________ Date ______________________

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Scope of Appointment Confirmation Form

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.**

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

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 of applicant/member/authorized representative	Today's Date

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

Name (First_Last)	Relationship to Beneficiary

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

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone	Date Appointment will be Completed

Beneficiary Address

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting

Licensed Sales Representative Signature

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.

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.

Other Related Products

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.

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.