

Scope of Appointment Confirmation (SOA)

First Name	Last Name	MI	
Phone #	Mobile #	MBI Number	
(SOA) prior to any face-to-f the Agent and the beneficia SNP) requires agents to sub	ace or telephonic sales meeti ry (or their authorized repre nit a complete signed SOA c	ng to ensure understanding o	
Imperial Insurance Company Traditional (HMO)-003 Imperial Insurance Value (HMO C-SNP)-005 Imperial Insurance Traditional Plus (HMO)–007		Imperial Insurance Company Dual Plan (HMO D-SNP)-	
TX: Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson, Wise		TX: Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson, Wise	
NV: Clark			
Medicare Part A and Part I	nce Organization (HMO) is B health coverage and some		n that provides all Original otion drug coverage. In most
	-	ive Name, Signature and Sig	
•	-		
-	-	Current or future Medicard led in the plan(s) discussed	e enrollment status will not 1.
	To be comple	eted by Agent:	
Date of Application	Agent Name	Phone #	
Initial Method of Contact			
Agent's Signature			
Circle the plan(s) the agent r	represented during this meeti	ng:	
Imperial Insurance Company Traditional (HMO)-003	Imperial Insurance Value (HMO C-SNP)- 005	Imperial Insurance Traditional Plus (HMO)- 007	Imperial Insurance Company Dual (HMO D- SNP)-004

^{**}Scope of Appointment document is subject to CMS record retention requirements**