



1.2.3. AUTO APPOINTMENT INSURANCE CENTER

PURPOSE

This system informs, speeds up and reduces the complexity to obtain Health, Life, Medicare Health Plan and other insurance, as well as other financial services that we offer. We prepare for this purpose, attractive and practical displays so that the client can quickly and safely obtain insurance by itself, or with our help.



PART 1 OF THE DISPLAY

Bilingual sign outside the business, informing the services we provide.





- ·Life Insurance
- ·Health Insurance
- Supplemental Insurance for Businesses
- ·Medicare Health Plan
- ·Special Needs Plan all year

SERVICIOS

Seguro de vida·

Seguro de salud·

Seguro suplementario para empresas ·

Plan de salud Medicare.

Plan de Necesidades Especiales todo el año-



PART 2 OF THE DISPLAY

Glass door bilingual display 11x17in further explaining the services we provide.

PART 3 OF THE DISPLAY

Display with instructions for making an appointment or speaking with an authorized agent.

- 1. Steps to follow if their appointment is another now.
- 2. Appointment form
- 3. Steps to follow if their appointment is another day.
- 4. Box to deposit the confirmation form.
- 5. Information for Medicare Health Plans.
- 6.S.O.A Form





<u>If your appointment is now</u>

- Fill out the appointment form and hand it over in the counter or deposit it in the mailbox.
- Proceed give us a call immediately to 831-801-1583 or 855-888-2929, if there is a RING press the button.

Si su cita es ahora

Llene el formulario de cita y entréguelo en el mostrador o deposítelo en el buzón.

1

Proceda a llamarnos inmediatamente al 831-801-1583 o 855-888-2929, y en caso de haber un botón RING, oprimirlo.

SLIDE 1

Steps to follow if their appointment is now.

SLIDE 2

Appointment form.



Appointment Form - Forma de cita

How did you hear about us? ¿Cómo supo de nosotros?	
Name (first/last) Nombre y apellido	
Telephone # Teléfono	
Address Dirección	
E-mail Correo electrónico	
Date of appointment Dia cita	
Time Hora	
Type of insurance needed Tipo de seguro que requiere	

P.O Box 2172 - 95024 976 San Benito Street - Hollister, CA 95023 Text: 201-978-9577 Toll Free: 855-888-2929 Phone: 831-801-1583

^{*} If your appointment is now, fill out the form and hand it in, to the person at the counter/desk or call us immediately. * If your appointment is another day, fill out the form, don't forget to write date and time and deposit it in the dropbox. Call us immediately at 831-801-1583 or 855-888-2929, to confirm your appointment.

^{*} Si su cita es ahora, complete el formulario y entréguelo a la persona en el mostrador. * Si su cita es otro día, favor llenar el formulario y no olvide poner día y hora y deposítelo en el buzón. Llámenos de inmediato al 831-801-1583 o al 855-888-2929, para confirmar su cita.

SLIDE 3

Steps to follow if their appointment is another day.



If your appointment is another day

- Fill out the appointment form with the time and date and hand it over in the counter or deposit it in the mailbox.
- Proceed to give us a call immediately to 831-801-1583 or 855-888-2929, if there is a RING press the button. to confirm time and date.

Si su cita es otro día

Llene el formulario de cita con fecha y hora y entréguelo en el mostrador o deposítelo en el buzón.

1

Proceda a llamarnos inmediatamente al 831-801-1583 o 855-888-2929, y en caso de haber un botón RING, oprimirlo para confirmar fecha y hora.

<u>Deposit your form here if</u> <u>necessary</u>



www.mastercontact.org



831-801-1583 855-888-2929

<u>Deposite aquí su forma si</u> <u>necesita</u>

SLIDE 4

Box to deposit the confirmation form.

SLIDE 5

Steps to obtain Medicare Health Plans

WELCOME! MEDICARE HEALTH PLANS

Follow these steps:

- 1. Complete the form and sign it to discuss about this insurance.
- 2. Hand it in at the front desk or drop it at the mailbox. Give us a call **immediately** at 831-801-1583 or 855-888-2929 **to proceed.**
- 3. A licensed and certified agent will assist you personally, by phone or internet/email.

And that's how easy you can get an insurance, without delays.





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.

Please indicate the product(s)	you agree to discuss l	by checking the applica	ble checkbox(es):
Medicare Advantage l	Plans (Part C)		ion-Hearing Products
Stand-alone Medicare Drug Plan (Part D)	Prescription	IIVspital II	identify 17 oddets
Medicare Supplement Plan	(Medigap)		
By signing this form, you agree above. The Licensed Sales Rep paid based on your enrollment	resentative is either en	nployed or contracted by	
Signing this form does not affer Medicare plan or obligate you confidential.			
Beneficiary or Authoriz	zed Representati	ve Signature and	Signature Date:
Signature:		Signature Date:	
If you are the authorized repres	entative, please sign al	bove and print clearly an	d legibly below:
Authorized Representative's Na	ame:	Your Relationship	to the Beneficiary:
To be completed by	the Licensed Sal	les Representativ	e (print clearly and legibly):
Licensed Sales Representative Name (First_Last)	Licensed Sales Phone		sed Sales sentative ID
Beneficiary Name (First_Last) Beneficiary Pho	one (Optional) Date A	Appointment will be Completed
Beneficiary Address (Optiona	1)		
Initial Method of Contact	Plan(s) the Licensed Sales Representative will represent during the meeting		
Licensed Sales Representative	Signature		

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SLIDE 6

Scope Of Appointment form.

*Requirement to make any application for a Medicare health plan

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