



## Agent Enrollment Attestation

**Instructions: Agent, complete and retain this with the SOA.**

**By initialing the boxes below and signing this form, I attest to each of the following.**

1.  Enrollment form is complete and accurate; correct plan selected.
2.  Reviewed Summary of Benefits with enrollee including premium, covered benefits, and applicable deductibles, coinsurance, and copays.
3.  Reviewed Formulary and drug tiers and Coverage Gap.
4.  Enrollee voices understanding of benefits, including Prescription Drug Coverage.
5.  Reviewed Provider/Pharmacy Directory with enrollee and "in-network" requirements.
6.  Beneficiary voices understanding that the plan may require prior authorization and understands provider network requirements.
7.  Reviewed Primary Care Physician (PCP) requirements.
8.  Enrollee voices understanding that he/she must continue to pay the Part B Premium.
9.  Enrollee voices understanding of how he/she will make monthly premium payments, if applicable.
10.  Notified enrollee to expect an enrollment confirmation letter from the plan.
11.  Advised enrollee to use the new ID card from GlobalHealth rather than the Medicare red, white, and blue card beginning with enrollment effective date.
12.  Reviewed late enrollment penalty (LEP), if applicable.
13.  Answered enrollee's questions and advised him/her to review plan materials carefully.

Enrollee Name \_\_\_\_\_

Agent Name \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_