

Sales Method / Checklist Form (For Agent Use Only- Do Not Give to Client)

Horizon BCBSNJ requires this form to be completed by Agent and submitted with all completed Medicare Advantage and Part D Enrollment Forms.

Agent Name: _____

Beneficiary Name: _____

Please check the appropriate box(es) for the beneficiary mentioned above:

- The Scope of Appointment Confirmation Form is attached; please select one of the following:
- The signed Scope of Appointment Confirmation Form was received prior to the Appointment.
 - The Scope of Appointment Confirmation Form was signed at the Appointment. The reason the form was signed at the appointment must be documented on the Attached Scope of Appointment Confirmation Form as required by CMS.
- This was not a face to face meeting; the sale was done over the phone.

Please check all below, that you, the Certified agent, attest that :

- I provided a complete presentation of the plan premium, benefits, and copayments by reviewing the Horizon BCBSNJ enrollment kit with the beneficiary.
- My presentation included the differences between a Medicare Supplement Plan and the Medicare Advantage (MA) plan. The beneficiary stated having a full understanding that a Medicare Advantage Plan is not a Supplement Plan.
- My presentation covered the Medicare Enrollment/Disenrollment periods. The beneficiary stated having a full understanding.
- Horizon BCBSNJ's formulary and the beneficiary's responsibility during the Coverage Gap, were explained for applicable plans. The difference between the Value and Ideal formularies were discussed. The beneficiary stated having a full understanding.
- Horizon BCBSNJ Network, PCP selection, and referral responsibility were discussed for applicable plans. The beneficiary understands that the Horizon Medicare Blue Patient-Centered w/Rx (HMO) plans use a subset of the Horizon Managed Care Network, and that the PCP selection is tiered. The lower PCP copay only applies to those PCPs listed in our directory with the Patient Centered designation. The beneficiary stated having a full understanding.
- I have verified that a member enrolling into a MA only plan, or a stand-alone PDP plan, is not in need of a MAPD plan. Enrolling in this plan will also terminate them from any plan that they are currently in, MAPD or PDP.
- I have reviewed the enrollment form in it's entirety with the beneficiary.
- The beneficiary acknowledged full understanding of the plan in which they selected. I confirmed that the proper plan is selected on the enrollment form.
- This application, Sales Method / Checklist Form, and when applicable the Scope of Appointment and Attestation forms, is being submitted to my General Agent upon receipt. I will confirm that all paperwork was received by the GA.

Agent Signature: _____ Date: _____