SOVEREIGN
SENIORS LLC

Hello & thanks for contacting Sovereign Seniors LLC!

We look forward to helping you and, to properly prepare us for future meetings and conversations, we ask that you please complete the enclosed forms and return them to our office. Below are brief descriptions of each form:

INTAKE FORM: Please complete form with your information. We will use this to contact you after we receive your completed forms.

DRUG LIST: Please list all drugs you currently take that are filled at your pharmacy. Do not include over-the-counter medicines or compounded drugs.

DOCTOR LIST: Please list all doctors you see, including specialists. It is not necessary to list doctors you saw for past, one-time procedures/visits unless you intend to see them again.

SCOPE OF APPOINTMENT FORM: Please INTITAL the boxes for the information you'd like to discuss. Clients typically initial them all so we can speak broadly as pertinent questions arise. A description of each topic is listed on page two of the form.

MEDICARE CARD INFORMATION: Please provide your card information exactly as it's displayed on your card.

CUSTOMER SERVICE ACKNOWLEDGEMENT: Please read in its entirety and sign.

Once complete, please return the forms to Sovereign Seniors via one of the following ways:

- Fax to (502) 333-0511
- Email to Tracy@SoSeniors.com (in-bound email is not secure)
- Postal mail it to: Sovereign Seniors LLC
  12700 Townepark Way, Suite 105
  Louisville, KY 40243

After reviewing the information and using it to prepare for a meeting, we will contact you to set-up some time to chat! If you need further clarification, don't hesitate to contact us at (502) 215-0881.

Kind Regards,

Tracy Thomas

Tracy Thomas, CSA
Owner & Independent Agent

CLIENT INFORMATION FORM

Contact Information

Full Name (as on Medicare Card): _____

Preferred Name: _____

Birthday: _____

Phone Number: _____

Is it OK to communicate via text? YES [ ] NO [ ]

Email Address: _____

Residential Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____ County: _____

Contact us:

Email: Tracy@SoSeniors.com
Phone : (502) 215-0881
Fax: (502) 333-0511
Mail: 12700 Townepark Way, Suite 105
Louisville, KY 40243

DRUG LIST

I authorize Tracy Thomas CSA, an agent with Sovereign Seniors LLC, to call me regarding my coverage options and understand that I am volunteering this prescription drug information.

Name: _____

Signature: _____ Date: _____

Phone Number: _____ Pharmacy: _____

Important Instructions: Please complete this entire form. Do not include over the counter medicines or vitamins and write the ENTIRE name of your drug exactly how it appears on the bottle.

DRUG NAME	Strength	Taken Daily?	# per day	Capsule or Tablet?
Example: Bupropion SR Tab	40 mg	Y	1	Tablet
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Write additional medications on the back and check this box [ ]

INSULIN DRUGS ONLY *(Enter information EXACTLY as noted. Units/dosages will not help.)*	Bottles or Pens?	# Bottles/Pens per Month
Example: Levemir	Pen	12
1.		
2.		
3.		

Return this list and your completed Scope of Appointment to:

Mail: Sovereign Seniors LLC
12700 Towneparke Way, Suite 105
Louisville, KY 40243
Attn: Tracy Thomas, CSA

Fax to: (502) 333-0511
Phone: (502) 215-0881

DOCTOR LIST

I authorize Tracy Thomas CSA, an agent with Sovereign Seniors LLC, to call me regarding coverage options and understand that I am volunteering this medical information.

Name: _____ Phone: _____

Signature: _____ Date: _____

Important instructions: Please complete this form in its entirety. Include all doctors you visit or may see. Use one sheet per household member. The bold box on the right is for our office use.

Preferred Hospital: _____

Primary Care Physician:

Full name: _____ Are you willing to change this Dr.? Y N

Street office is on: _____ City, state: _____

Phone Number: _____

Dentist:

Full name: _____ Are you willing to change this Dr.? Y N

Street office is on: _____ City, state: _____

Phone Number: _____

Additional Doctor:

Full name: _____ Are you willing to change this Dr.? Y N

Street office is on: _____ City, state: _____

Phone Number: _____

Additional Doctor:

Full name: _____ Are you willing to change this Dr.? Y N

Street office is on: _____ City, state: _____

Phone Number: _____

Additional Doctor:

Full name: _____ Are you willing to change this Dr.? Y N

Street office is on: _____ City, state: _____

Phone Number: _____

Date checked:

_____

If you have more doctors, write them on the back and check this box [ ]

Please return this doctor list, your medication list and Scope of Appointment form to:

Mail: Sovereign Seniors LLC
12700 Townepark Way, Suite 105
Louisville, KY 40243
Attn: Tracy Thomas, CSA

Fax: (502) 333-0511
Phone: (502) 215-0881

Scope of Sales Appointment Confirmation Form

This form is required prior to a one-on-one marketing appointment to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person who has Medicare or their authorized representative.

Place a check mark in the box next to the type of products you want the agent to discuss. (See helpful descriptions on the next page.)

- ☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**
- ☐ **Medicare Advantage plans (Part C) and Medicare Cost plans**
  Medicare Health Maintenance Organization (HMO) plan, Medicare Preferred Provider Organization (PPO) plan, Medicare Private Fee-For-Service (PFFS) plan, Medicare Special Needs Plan (SNP), Medicare Medical Savings Account (MSA) plan, or Medicare Cost plan
- ☐ **Other health-related plans**
  Dental/vision/hearing products, supplemental health products, Medicare Supplement (Medigap) products

Signing this form does **not** obligate you to enroll in a plan, affect your current or future Medicare enrollment status, or automatically enroll you in the plans discussed.

Note: The person who will discuss the products is either employed or contracted by a Medicare plan. They don't work directly for the federal government. This person may also be paid based on your enrollment.

Beneficiary or authorized representative signature and signature date:

⊗ Signature: _____ Date: _____

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

Representative name: _____

Your relationship to the beneficiary: _____

To be completed by agent:

Agent name: Therisa (Tracy) Thomas	Agent phone: 502-215-0881
Agent address:	
Beneficiary name:	Beneficiary phone:
Beneficiary address:	
Initial method of contact (indicate here if beneficiary was a walk-in): Client Referral	
Agent signature: Therisa A. Thomas	
Plans the agent represented during this meeting: PDP MAPD	
Date of appointment:	
Provide explanation why SOA was not documented prior to meeting (if applicable):	

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent: Fax this side.

Helpful terms

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.

Medicare Advantage plans (Part C) and Medicare Cost plans

Medicare Health Maintenance Organization (HMO) 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. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

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 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 Point of Service (POS) plan: A type of Medicare Advantage plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

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.

Medicare Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.

Medicare Supplement (Medigap) products: Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Supplemental health 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.

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.

Agent instructions

You **must** complete this form and have the beneficiary or their authorized representative sign it **before** your sales appointment. The beneficiary **cannot** agree to the scope of your appointment over the phone, then sign the form later. During your appointment, you may only discuss the previously agreed upon plan products. Otherwise, you must create a new Scope of Appointment form. If you're sending us an enrollment application, you must send this signed, completed form to us, too.

Agent: Do not fax this side.

Name as it appears on your Medicare card:

_____

Medicare claim #: _____

Part A Effective: _____

Part B Effective: _____

Birthday: _____

PLEASE RETURN WITH PAPERWORK

SOVEREIGN
SENIORS LLC

Sovereign Seniors LLC has built its reputation by providing high-quality, reliable customer service that attempts to elevate the experience you have working with an insurance agency. We are proud of what we do, how we do it and are poised for steady growth. Never have we changed for our services and we intend to keep it that way. Instead, 100% of our income comes via commission payments to us by the insurance companies.

The Inflation Reduction Act of 2022 introduced new regulations concerning Medicare. Sovereign Seniors LLC supports these changes as they address significant & legitimate concerns. These changes, however, have caused insurance companies to lose significant revenue and, as a result, many have drastically reduced commissions to agents. Its estimated the average agency will lose over 10% in same-volume revenue for 2025.

To manage this fiscal change and continue to offer our services, Sovereign Seniors LLC has decided to keep customer service & experiences the same and limit the plans we offer/discuss to those that intend to compensate our firm for the work we do.

The carriers we work with and offer to you WILL NOT CHANGE, but the specific plans we offer from each company could be affected.

Should you wish to consider additional plans, contact Medicare.gov or call 1-800-MEDICARE.

_____ _____

Name *Date*