



September 22, 2023

Hello Valued Client,

It's time to schedule your 2024 Medicare annual review! We have been doing a lot behind the scenes here in our agency office since we last met, and it's our chance to discuss your needs and make sure you are still on the right plan. Here's a quick outline of what we'll be discussing during your review:

→**Questions & Updates:** We'll review any questions you have and get updated on your prescriptions, doctors, and health changes since last year.

→**Nuts & Bolts:** Here we'll go through your account verifications. (this is the boring-but-important part of taking care of you).

→**Planning & Goal Review:** Once we have completed your 2024 Medicare annual review, then, we can partake in the fun part where we'll check in on your goals and dreams, and talk about new life events. Then when you are ready, we can help you walk through your financial plan, taxes, investments, risks, long term care, life insurance, etc. Then we will set up a time to visit and discuss how you have progressed toward your goals and review any recommendations.

In short, we're excited to get together to check-in, review, and set expectations for the next year. Here's what we need from you:

- 1) **Complete the next page with your most updated prescription drug list** (drug name, dosage amount, frequency, and your current or preferred pharmacy). Also, if you are on a **Medicare Advantage Plan** or want to look at switching to one, **we will need your updated list of doctors**. You can email to info@tlcag.net or fax to (210) 494-9967 or complete online via the **Start Your Journey** online button at <https://tlcadvisorygroup.com/medicare-new-form/#journey>
- 2) **Sign the attached Scope of Appointment form and check the boxes at the top of what you will like to discuss during the annual review and send that back to us as this is required by Medicare.**
- 3) **Schedule your review.** We will confirm receipt of your information and reach out to set up the best time to schedule your review. For our Houston area clients, Gib Allen will be contacting you directly from his cell phone at 832-492-7670 or his email gallen7994@gmail.com

Your Team TLC Agents and Team Members are looking forward to talking to you soon!

Karen Whiteley, Paul Hudson, Jim Staggenborg (Karen/Stuart) , Gib Allen, and Stuart Waldenmaier

The Experience, the Knowledge, and the Resources to Help Find the Solutions you Need.

TLC Advisory Group LLC
14400 Northbrook, Suite 240
San Antonio, TX 78232

TLC Advisory Group LLC
20333 State Hwy 249, Ste 200
Houston, TX 7707

2024 AEP Medicare Review Information for Team TLC

In order for us to properly provide you with a thorough and accurate review of your 2024 Medicare PDP / MAPD Drug Plan options, please complete the form below or attach a copy of your current drug list and sign the attached Scope of Appointment and return to us via:

Email: info@tlcag.net **Fax:** (210) 494-9967 **In Person:** at San Antonio or Houston offices

Mail: TLC Advisory Group LLC, 14400 Northbrook, Ste 250, San Antonio, TX 78232

(Houston clients, please mail to our main office in San Antonio and we will send on to Gib Allen)

Your Name: _____ Your Email _____

Phone #: _____ DOB: ___/___/___ Your Team TLC Agent _____

Name of Drug	Generic / Brand	Amount Daily	Dosage MG/ML	30 or 90 day refills	Misc: list if PRN or special instructions

I Would Like a Medigap Review to See About Lowering My Premiums:

Current Medigap Company Name: _____ Plan Type (F,HDF,G,HDG,N,K,L): _____

Current Premiums: \$ _____ (per Month / Year/Qtr/Semi-Ann) Tobacco User: ___ Yes ___ No

Married: ___ Yes ___ No

Single: (but had someone over 18 years old live with you the past 12 months): ___ Yes ___ No

Ever Denied or Rated for a Medigap Plan? ___ Yes ___ No If so, when? _____

If so, why? _____

Circle any of the following Medical Conditions that you have been diagnosed with, treated, or prescribed medicine for in the last 5 years:

Congestive Heart Failure; Defibrillator; Coronary Artery Disease (CAD); Peripheral Vascular Disease
 TIA(s); Heart Surgery; Pacemaker; Atrial Fibrillation treated with Medicine; Stroke; Heart Attack;
 Stents; Internal Cancer; Parkinson’s; ALS; Multiple Sclerosis; Osteoporosis with Fracture; Lupus;
 Neuropathy; Hepatitis or Disorder of Pancreas; Kidney Disease (Failure or Dialysis); Renal
 Insufficiency; Dementia or Alzheimer; Bone Marrow or Stem Cell transplant; COVID; any procedure
 or surgery recommended but not completed. Anything else not listed, please add below:

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting 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 with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

(Refer to page 2 for product type descriptions.)

- | | |
|---|--|
| <input type="checkbox"/> Stand-alone Medicare Prescription Drug Plans (Part D)
<input type="checkbox"/> Medicare Advantage Plans (Part C) and Cost Plans | <input type="checkbox"/> Dental/Vision/Hearing Products
<input type="checkbox"/> Supplemental Health Products
<input type="checkbox"/> Medicare Supplement (Medigap) Products |
|---|--|

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:
To be completed by Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:
[Plan use only]	
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	
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.	