



BUTLERCAPITALADVISORS

Professionally Serving Your Financial Well Being

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04/14/2022

Who We Are:

- Butler Capital Advisors is an independent investment and insurance agency representing multiple insurance carriers across the U.S.
- Specialize in financial planning, group, individual and Medicare insurance benefits
- Established in 1997, Located in Perrysburg, OH



What We Do:

- ▶ Financial Planning and Investments
- ▶ Retirement Planning
- ▶ Estate Planning
- ▶ Medical Insurance for pre-65 Individuals
- ▶ **Medicare Supplement (Medigap), Prescription Drug and Medicare Advantage**
- ▶ Group Employee benefits – Health, Life, Dental, FSAs, HRAs
- ▶ Benefits Consulting



Home - Butler Capital Advisors - Google Chrome

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www.butlercapitaladvisors.com

Apps Google CMS Enterprise Portal HC HealthCare.gov Medicare.gov MBI Signature Bank Cornerstone Microsoft Office Home

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Knowledgeable *Advisors*



Butler Capital Advisors is at your service

for all of your financial planning and insurance needs. Whether you are an individual aiming to enhance your financial portfolio and plan for the future, an employer seeking support with employee benefits, or someone wanting to know more about Medicare plan options, we will partner with you to find the optimal solution. Our services include: **Financial Planning/Investments, Group Benefits, Individual Insurance Plans and Medicare Coverage.**



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Financial Planning & Investments



Employee Benefits & Consulting



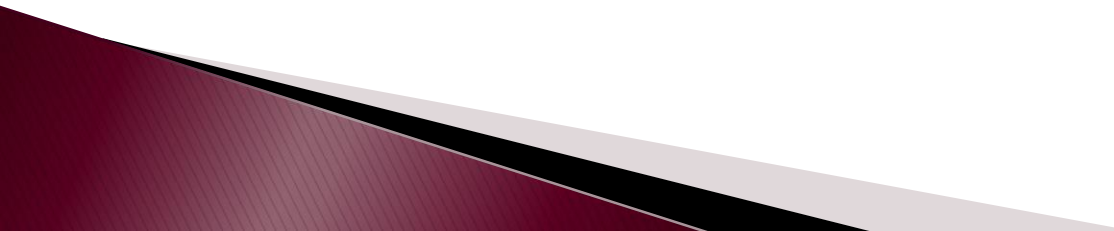
Individual Insurance Products



Medicare Options

Check out the background of firms and investment professionals on **FINRA's BrokerCheck.**

Why Butler Capital Advisors?

- ❖ A local agency offering personalized customer service from knowledgeable staff
 - ❖ Staff has over 40 combined years of experience in the Medicare Market! Trained and certified
 - ❖ Help with enrollment and cancellations
 - ❖ Provide assistance with billing issues and claims questions
 - ❖ Communications via mail, phone, email, personal appointments
 - ❖ Assistance with HRA reimbursement from Chrysler/WageWorks
 - ❖ Annual review of upcoming year plan options and availability
 - ❖ No fee for our services!
- 

Where Do I Start?

■ Questionnaire

■ Scope of Sales Appointment Form

Medicare Questionnaire

Section 1 I am interested in discussing with a Butler Capital Advisors representative my options regarding:

Coverage:

☐ Medical

☐ Prescription Drug

☐ Dental

☐ Vision

Current Coverage:

Medical

Prescription

Dental

Vision

Monthly Premium: \$ _____

Monthly Premium: \$ _____

Monthly Premium: \$ _____

Monthly Premium: \$ _____

*How did you hear about us? _____

Section 2 Please complete the information below. While this information is *not required*, complete answers are helpful in order to process any of the above requests.

Name: _____

(Primary Residence) Street: _____

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

Phone: _____ E-Mail Address (if applicable): _____

Date of Birth: _____ Social Security #: _____

Medicare #: _____ Effective date (Part A): _____

Effective date (Part B): _____

Section 3 If you have a second home or place of residence, please complete the following:

Street: _____

City: _____ State: _____ Zip: _____

Section 4 If you are requesting information regarding Medicare Part D Prescription Drug Plans, please complete the following regarding current medications you are taking (*required*).

☐ Preferred Pharmacy: _____

Prefer Mail Order: ☐ Yes ☐ No

Name of Prescription

Dosage

Quantity/Month

(check ☒ the box if you take the generic version)

<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____



Please submit completed form to:

Butler Capital Advisors
28350 Kensington Lane
Perrysburg, OH 43551

Fax: 419.243.2695
Phone: 419.243.9665

Visit our website www.butlercapitaladvisors.com for more information!

Office Use Only: Date Received _____

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■ Scope of Sales Appointment Form

Scope of Appointment

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)

- ☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**
- ☐ **Medicare Advantage Plans (Part C) and Cost Plans**
- ☐ **Dental/Vision/Hearing Products**
- ☐ **Hospital Indemnity Products**
- ☐ **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 Medicare enrollment, or automatically enroll you in the plan(s) discussed.

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 48 hours prior to meeting:	

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

Y0027_16-118_SLS CMS Accepted 09/20/2016

Company Appointments:

- AARP/United Healthcare
- Aetna
- Anthem / BlueCross BlueShield
- CIGNA
- Coventry / First Health Part D
- SilverScript
- Health Alliance Plan (HAP)
- Humana
- Medical Mutual of Ohio
- Mutual/United of Omaha
- Paramount
- Priority Health
- Transamerica
- WellCare
- And more...



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Thank you!

