



BUTLER CAPITAL ADVISORS

Professionally Serving Your Financial Well Being

Dave Baum
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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



Access to Our Comprehensive Website: butlercapitaladvisors.com

The screenshot shows the homepage of Butler Capital Advisors. The browser address bar displays "butlercapitaladvisors.com". The website header is dark red and contains the company logo, contact information (28350 Kensington Lane Suite 100 Perrysburg, OH 43551, 419.243.9665, info@butlercapital.net), and social media icons for LinkedIn and Facebook. A "Client Login" button is also present. The main navigation menu includes "Our Firm", "Services", "Blog", "Resources", "Contact", and "Forms". The main content area features a large heading: "Take control and learn about where your money can go today" followed by "Take that first step to personal investing with our library of resources". Below this are four service cards, each with a circular image and a "Learn More" button. The cards are: 1. Financial Planning & Investments (image of a family with a dog), 2. Employee Benefits (image of hands on a laptop), 3. Insurance & Estate Planning (image of business professionals), and 4. Medicare (image of an elderly couple walking). A "BrokerCheck by FINRA" logo is visible in the bottom right corner.

Financial Services | Butler Capital | x +

butlercapitaladvisors.com

28350 Kensington Lane Suite 100 Perrysburg, OH 43551 419.243.9665 info@butlercapital.net


Client Login

BUTLERCAPITALADVISORS

Our Firm Services Blog Resources Contact Forms

Take control and learn about where your money can go today


Take that first step to personal investing with our library of resources



FINANCIAL PLANNING & INVESTMENTS

Create an Investment Strategy that's right for you.


Learn More



EMPLOYEE BENEFITS

Business Owners - let us help you build a competitive benefits package for your employees.


Learn More



INSURANCE & ESTATE PLANNING

Manage your estate during your lifetime and beyond.

Learn More



MEDICARE

Let us help you choose a plan that's right for you.

Learn More

BrokerCheck by FINRA

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/Via Benefits
- ❖ 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:	Current Coverage:	
<input type="checkbox"/> Medical	Medical _____	Monthly Premium: \$ _____
<input type="checkbox"/> Prescription Drug	Prescription _____	Monthly Premium: \$ _____
<input type="checkbox"/> Dental	Dental _____	Monthly Premium: \$ _____
<input type="checkbox"/> Vision	Vision _____	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

<u>Name of Prescription</u> (check <input checked="" type="checkbox"/> the box if you take the generic version)	<u>Dosage</u>	<u>Quantity/Month</u>
--------------------------------------------------------------------------------------------------------------------	---------------	-----------------------

<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 _____

Where Do I Start?

■ Questionnaire

■ 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
- SilverScript
- Health Alliance Plan (HAP)
- Humana
- Medical Mutual of Ohio
- Mutual/United of Omaha
- Paramount
- Priority Health
- WellCare
- And more...



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Thank you!

