



**BUTLERCAPITALADVISORS**

*Professionally Serving Your Financial Well Being*

**Dave Baum**  
**Denise Sikorski**

# 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

Financial Services | Butler Capital

butlercapitaladvisors.com

28350 Kensington Lane Suite 100 Perrysburg, OH 43551


419.243.9665

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Client Login

 BUTLERCAPITALADVISORS

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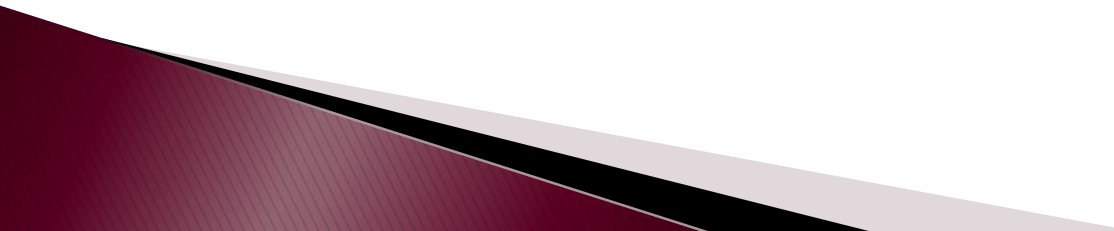
MEDICARE

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

Learn More

BrokerCheck by FINRA

# Why Butler Capital Advisors?

- ❖ We offer personalized customer service from our knowledgeable staff, locally and across the United States
  - ❖ 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:

☐ 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](http://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
  - Paramount
  - Priority Health
  - And more...
- 





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Thank you!

