

# Medicare Part D Consulting Agreement



Everence, (or "Everence representative"), and

\_\_\_\_\_ (or "Client") agree to abide by the following consulting agreement to provide the Client with either an evaluation, enrollment, and/or assistance with the Client's Medicare Part D plan. This agreement does not cover any advice regarding investments or other financial matters.

## Services provided by the Everence representative

### **One-time evaluation of the Client's Medicare Part D plan options**

- The Everence representative will enter the Client's prescriptions and personal information (as provided by the Client) into the *Medicare Plan Finder*.\*
- The Everence representative will provide the Client with a Medicare Plan comparison table, and help the Client make a decision regarding his or her prescription drug coverage.

### **Assisting the Client's enrollment in a Medicare Part D plan**

- Using the *Medicare Plan Finder*,\* the Everence representative will enroll the Client in the Client's selected Medicare Part D prescription drug plan.
- The Everence representative will provide the Client with the Medicare Web site's confirmation of enrollment and contact information for his or her selected Medicare Part D plan.

## Client responsibilities

The Client is responsible to provide the Everence representative with his or her prescription drug and personal information.

## Compensation

The Client hereby agrees to pay the Everence representative a fee of \_\_\_\_\_.

**If the Client currently has a Medicare Part D plan that he or she is enrolled in (with the Everence representative serving as the Client's agent) prior to Oct. 15 of the current year, the Everence representative may be receiving a trail commission from the Client's current Medicare Part D company.**

## Account release

Complete this information below if you want to give permission to an Everence representative to help you create or to have access to your MyMedicare.gov account and to keep the information for your future Part D annual reviews.

Does Everence already have your account information?     Yes     No (If yes, you do not need to complete this section.)

Name \_\_\_\_\_ Medicare Beneficiary Identifier (MBI) number \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Security question \_\_\_\_\_ Answer to security question \_\_\_\_\_

## Disclosures

I, the Client, understand there is no guarantee that medications will be covered as projected by the Medicare website. All advice provided by the Everence representative is based on the accuracy of the Medicare Web site and has not been verified by the Everence representative.

I, the Client, also understand that new medications that I am prescribed in the future may not be included in the recommended formulary. The Everence representative is not responsible or liable for the Medicare Part D company's coverage of drugs or plan costs.

The Everence representative is not responsible for the plan selected by me, the Client, nor the accuracy of the information provided to the Everence representative by me, the Client. The Everence representative is neither responsible nor liable for the Medicare Part D company's enrollment of the Client.

The Everence representative is limited in the follow-up assistance he or she can provide to the Client by the willingness of the Medicare Part D company to work with the Everence representative directly.

I, the Client, hereby give the Everence representative my consent to complete and submit the Medicare Part D online enrollment form on my behalf.

The Everence representative does not receive any compensation or commission from any insurance company or any other third party for the delivery of any services under this Agreement other than as disclosed above.

I give my permission and authorization for an Everence representative to create or accept, and retain access to my MyMedicare.gov account for purposes of helping me choose a Part D prescription plan. This authorization is valid for a period of three years. I understand that I can revoke this authorization at any time.

This information will be used only for the purposes of Medicare Part D plan counseling.

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Client signature

Date

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Everence representative signature

Date

*\*The Medicare Plan Finder is located on Medicare's website ([www.medicare.gov](http://www.medicare.gov)).*