



Medicare Marketing Standards of Conduct

Agents, brokers and Advocate Health Advisors' sales representatives may not engage in activities which have the potential to mislead, confuse or misrepresent Medicare products. When selling for Advocate Health Advisors Medicare products, you must comply with all state licensure laws, as well as all applicable MA and Part D laws, CMS policies, including CMS Marketing Guidelines, and all federal health care laws (including civil monetary penalty laws). The list below highlights certain prohibited activities that agents, brokers and Advocate Health Advisors' sales representatives may not engage in. By signing below, you acknowledge that you are aware of these prohibited activities and agree to refrain from engaging in them, and to otherwise comply with all applicable legal requirements.

Prohibited practices include, but are not limited to:

- Discriminatory practices
- Door to door solicitations
- Forgeries
- Misrepresentations or activities which would mislead, confuse, or misrepresent
- Conducting cold calls
- Distribution of incorrect enrollment materials
- Accepting enrollment applications at educational events
- Marketing in healthcare settings other than common areas (i.e. waiting rooms, exam rooms, hospital patient rooms, dialysis centers, pharmacy counter areas)
- Offering gifts or payments to induce enrollment
- Accepting gifts or any commissions from affiliated producers, vendors, and customers
- Distribution of unapproved marketing materials

Among other requirements, Agents, brokers and Advocate Health Advisors' employed sales representatives:

- May not claim recommendation or endorsement by the Centers for Medicare & Medicaid Services (CMS) or that CMS recommends that Medicare beneficiaries enroll in the plan;
- May not misrepresent themselves as an agent of Medicare, Social Security, or any agency of the Federal Government.
- May not make any statement, claim, or promise that conflicts with, materially alters, or erroneously expands upon the information contained in CMS-approved materials;
- May not use providers or provider groups to distribute printed information comparing benefits of different health plans, unless the materials have the concurrence of all Medicare Advantage Organizations' (MAO's) involved and unless the materials have received prior approval from CMS;
- May not accept enrollee applications in provider offices or other places where health care is delivered. Sales presentations may be conducted and enrollment applications may be distributed and collected only in common areas of a health care setting, away from where care is delivered;
- May not offer gifts or payment as an inducement to enroll in a Medicare product;
- May not engage in any discriminatory marketing practice, such as attempting to enroll Medicare beneficiaries from higher income areas, without a similar effort in lower income areas;

- May not conduct door-to-door solicitation of Medicare beneficiaries;
- May not ask for personal information (i.e., Medicare number, bank account or credit card numbers) during sales presentations;
- Must comply with the National Do-Not-Call Registry, as well as applicable state telemarketing “Do Not Call” regulations, honor “do not call again” requests, and abide by Federal and State calling hours.
- CMS requires that all documents relating to a Medicare plan enrollment be maintained for a minimum of ten (10) years. This includes but is not limited to: all Scope of Appointment forms, Enrollment forms, recorded phone calls, and permission to contact records.

Signature:

Print Name:

Agency Name (if applicable):