



Medicare Advantage/Part D Agent (MA-PD) Certification Form

I, _____, hereby certify that I shall adhere to the following marketing practices as part of my contractual or employment obligations as an agent/sales representative of Geisinger Health Plan and Geisinger Indemnity Insurance Company (collectively, "GHP") for the Geisinger Gold Medicare Advantage products.

1. I will always present clear, complete and accurate information to potential Geisinger Gold Medicare Advantage enrollees ("Potential Enrollee").
2. I will not discriminate in marketing and enrollment process based upon Potential Enrollee's risk for costly or prolonged treatment. I will not discriminate against any Potential Enrollee based on any factor related to health status including but not limited to the following:
 - medical history or medical conditions (including mental illness);
 - claims experience;
 - receipt of health care;
 - genetic information;
 - evidence of insurability; and
 - disability
3. I will not inappropriately target healthier Potential Enrollees by engaging in activities including but not limited to the following:
 - conducting any medical screening (i.e. asking medical questions prior to enrollment);
 - primarily marketing in places where healthy Potential Enrollees are more likely to be present or areas where people with disabilities are less likely to access;
 - providing inducements to Potential Enrollees that would encourage healthier Potential Enrollees to enroll;
 - attempting to give or promise enrollment priority to Potential Enrollees who are newly Medicare eligible;
 - tracking costs incurred by enrollees who were enrolled in different settings which could be used to target healthier enrollees in the future; and
 - conducting re-enrollment campaigns targeting past plan subscribers who had low medical costs.
4. I acknowledge and confirm that I have read and received a copy of the GHP Code of Conduct. I understand that it represents mandatory policies of GHP and agree to adhere to and support the Code of Conduct in all marketing and sales activities. I also understand and acknowledge that any changes to GHP Marketing Materials are prohibited.
5. I agree to comply with and adhere to all provisions of the CMS Medicare Marketing Guidelines (<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/Chapter%202%20Medicare%20Marketing%20Guidelines.pdf>) as revised by CMS from time-to-time, including but not limited to the following requirements:
 - no door-to-door solicitation;
 - no outbound marketing calls unless the beneficiary requested the call (no cold calling);
 - no calls to former members who have disenrolled or to current members who are in the process of disenrolling; and
 - no provision of meals to Potential Enrollees;
6. I have completed and understood the Medicare Advantage Agent Training and will comply with all the requirements and responsibilities described in the Medicare Advantage Training Program.

Signature: _____ **Print Name:** _____

Agency Name (if applicable): _____ **Date:** _____