

WELLCARE EVENT AUTHORIZATION FORM

I hereby consent to an authorized agent of WellCare Health Plans, Inc. to conduct an...

- Educational Event** – purpose of which is to provide objective information about Medicare and Medicare Advantage plans. WellCare representative will not directly discuss WellCare’s plans and will not distribute plan-specific materials. Interested individuals may contact the Agent or WellCare following the event, should they like to learn more.

- Formal Marketing Event** – purpose of which is to inform individuals about Medicare, Medicare Advantage Plans and more specifically WellCare’s Medicare Advantage and Part-D products. Event includes distribution of plan-specific materials and a structured group presentation with an objective of setting up individual sales appointments for those who are interested.

- Informal Marketing Event** – purpose of which is to inform individuals about Medicare, Medicare Advantage Plans and more specifically WellCare’s Medicare Advantage and Part-D products. Event includes distribution of plan-specific materials with no Formal group presentation planned, but proactive interaction with Beneficiaries requesting information.

... at the following location:

Facility Name

Facility Address

Facility Representative Name / Phone Number

NAME

TITLE

SIGNATURE OF AUTHORIZED FACILITY REPRESENTATIVE (NAMED ABOVE)

DATE

EVENT DETAILS

#	Date	Time	Type	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

WELLCARE MANAGER NAME / SIGNATURE

TITLE

