ADVOCATE FINANCIAL

AGENT COMPLIANCE FIELD GUIDE

7 Steps to a Compliant Sale

A practical walk-through of a compliant Medicare Advantage & Part D sale — **updated for the CMS Contract Year 2027 Final Rule.**

Advocate Financial Life & Health Brokerage
Agent enablement · Medicare distribution

EFFECTIVE FOR AEP 2027
Marketing rules apply from Oct 1, 2026

WHY THIS MATTERS

Compliance is how we earn the sale — not a hurdle to it

A compliant sale protects the beneficiary first, and the agency and your license right behind them. The seven steps below apply to every Medicare Advantage and Part D interaction, whether it happens on the phone, on video, at a kitchen table, or after a community event. Work them in order, document as you go, and you'll never have to reconstruct a sale from memory.

What changed for Contract Year 2027

CMS published the CY2027 Final Rule with an effective date of June 1, 2026; the marketing and communications provisions apply to all CY2027 activity beginning **October 1, 2026** (AEP 2027 opens October 15, 2026). The biggest shifts for agents: the **48-hour Scope of Appointment wait is eliminated**, the **TPMO disclaimer moves off the 60-second timer** and drops the SHIP reference, and **call-recording retention drops from 10 to 6 years**. Each step below reflects these updates. When a carrier's rules are stricter than CMS, follow the carrier.

THE FRAMEWORK

The seven steps

1 BEFORE YOU REACH OUT
Earn permission to contact (PTC)

Unsolicited contact is prohibited — no cold calls, texts, emails, or door-knocks. Before any outreach, confirm you have documented permission to contact this beneficiary about this topic.

- Permission is specific to the product and request; it expires and does not roll over to future campaigns or lists.
- Keep proof of how and when consent was captured (form, reply card, recorded request).

2 SET THE BOUNDARIES
Capture a valid Scope of Appointment (SOA)

Agree on and document the SOA **before any plan-specific discussion**. You may only talk about the product types the beneficiary lists on it.

- CY2027 The 48-hour wait is gone — collect the SOA and hold the appointment on the same call, same day, or same meeting.
- A **written** SOA is required for in-person appointments; electronic or telephonic is fine for phone and virtual.
- Scope now expressly covers inbound calls, outbound calls, walk-ins, and online interactions. Beneficiary-initiated forms and reply cards that capture the product type can qualify.

SAY IT UP FRONT

3 Deliver the TPMO disclaimer

As a third-party marketing organization, you must state the required disclaimer **before you discuss any plan benefits**. Deliver it verbally on calls, electronically in email and chat, and on websites and marketing materials — with your current organization and product counts filled in.

- CY2027 The 60-second timer is retired; deliver it before benefits, not on a clock. The SHIP reference has been removed.

REQUIRED DISCLAIMER — WHEN YOU REPRESENT FEWER THAN ALL PLANS

"We do not offer every plan available in your area. Currently we represent [X] organizations which offer [Y] products in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options."

Insert your current organization and product counts for the beneficiary's service area. Confirm exact wording and counts with Compliance before use.

UNDERSTAND BEFORE ADVISING

4 Run a needs assessment within scope

Learn the person before the plan — doctors, prescriptions, preferred pharmacies, budget, travel, and priorities. Stay inside the product types listed on the SOA.

- Never steer toward a plan for your own benefit, never pressure, and never rush a decision.
- If the conversation needs to expand beyond the SOA, document a new scope first.

PRESENT HONESTLY

5 Show only what you're certified to sell

Present plans only for carriers where you are licensed, appointed, certified, and ready-to-sell, and confirm the beneficiary has a valid enrollment period (IEP, AEP, OEP, or a qualifying SEP).

- Use only CMS- and carrier-approved materials. Represent premiums, cost-sharing, networks, formularies, and star ratings accurately.
- CY2027 Superlatives such as "top-rated" are allowed again — but only when accurate, supportable, and documented. Never misleading.

CLOSE IT CLEAN

6 Complete a compliant enrollment

Confirm the beneficiary understands the plan and genuinely agrees to enroll, then complete an accurate application with a valid election and consent.

- Record the required sales and enrollment call, and provide every required disclosure and material.
- Never submit an application the beneficiary does not fully understand.

7

PROTECT THE RECORD

Document, record & retain

Keep the full sales file together — SOA, call recording, application, disclosures, and notes — so any interaction can be reconstructed on request.

- CY2027 Retain required marketing and sales call recordings for **6 years** (audio for the first 3 years; audio or a complete, accurate transcript for years 4–6). **Enrollment records still retain for 10 years.**
- Report any disciplinary actions or compliance violations to the plan monthly.
- Follow up after enrollment to confirm satisfaction and understanding.

BEFORE YOU HANG UP OR LEAVE

The compliant-sale checklist

- ☐ 1 **Permission to contact** is documented and current for this topic.
- ☐ 2 **SOA captured** before any plan talk — written if in person, and matching the products discussed.
- ☐ 3 **TPMO disclaimer** delivered before benefits, with correct org and product counts.
- ☐ 4 **Needs assessment** completed inside the agreed scope — no steering, no pressure.
- ☐ 5 **Ready-to-sell** confirmed for every plan shown, and a valid enrollment period verified.
- ☐ 6 **Enrollment recorded**, application accurate, and beneficiary understanding confirmed.
- ☐ 7 **Full file retained** — recordings 6 years, enrollment records 10 years — and follow-up scheduled.