



Rick Young Insurance Compliance

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CCCOMP0001.1: Effective Training and Education

{IT} POLICY #: CCCOMP0001.1	POLICY NAME: Effective Training and Education
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: Sales Representatives
PURPOSE: To have a process that ensures that Licensed agents of Rick Young Insurance Agency meet the minimum compliance training requirements.
POLICY: Rick Young Insurance Agency's sales representatives shall complete general Compliance and Fraud Waste and Abuse training to selling products to prospects
PROCEDURE: Rick Young Insurance Agency has established and implemented effective General Compliance; Fraud, Waste and Abuse (FWA); Conflict of Interest attestation and HIPAA training and education for associates, including first tier, downstream and related entities (FDRs), that handle Medicare Advantage or Medicare Prescription Drug Plan related business. Training occurs within ninety (90) days of hire annually thereafter. General Compliance, HIPAA, Conflict of Interest and FWA training: <ul style="list-style-type: none"> • General Compliance, HIPAA, Conflict of Interest attestations and FWA training are provided within 90 days of initial hire or contracting and annually thereafter. Training may be tracked for completion via website, sign in sheets, and attestations. Retention of training documents and attestations will be kept for a minimum of ten (10) years. The Compliance Program consists of: <ul style="list-style-type: none"> • CMS' Compliance Training with testing (must have a passing score of 70%) • CMS' Fraud, Waste and Abuse Training with testing (must have a passing score of 70%) • Standards of conduct • Compliance policies and procedures • HIPAA • Pertinent laws and suspected violation reporting process

The FWA Training includes:

- Laws and regulations related to Medicare Advantage and Part D fraud, waste, and abuse (i.e., False Claims Act, Anti-Kickback statute, etc.)
- The obligation to have policies and procedures that address FWA
- Protection for those who report suspected FWA
- Situations that demonstrate the common types of FWA

Rick Young Insurance Agency will review and update, if necessary, the general compliance training whenever there are material changes in regulations, policy or guidance, and at least annually. The following are examples of topics the general compliance training program should communicate:

- Including a review of compliance policies and procedures, the Standards of Conduct, and the sponsor's commitment to business ethics and compliance with all Medicare program requirements;
- An overview of how to ask compliance questions, request compliance clarification or report suspected or detected noncompliance. Training should emphasize confidentiality, anonymity, and non-retaliation for compliance related questions or reports of suspected or detected noncompliance or potential FWA;
- The requirement to report to the sponsor actual or suspected Medicare program noncompliance or potential FWA;
- Examples of reportable noncompliance that an employee might observe;
- A review of the disciplinary guidelines for non-compliant or fraudulent behavior. The guidelines will communicate how such behavior can result in mandatory retraining and may result in disciplinary action, including possible termination when such behavior is serious or repeated or when knowledge of a possible violation is not reported;
- Attendance and participation in compliance and FWA training programs as a condition of continued employment and a criterion to be included in employee evaluations;
- A review of policies related to contracting with the government, such as the laws addressing gifts and gratuities for Government employees;
- A review of potential conflicts of interest and the sponsor's system for disclosure of conflicts of interest;
- An overview of HIPAA/HITECH, the CMS Data Use Agreement (if applicable), and the importance of maintaining the confidentiality of personal health information;
- An overview of the monitoring and auditing process; and
- A review of the laws that govern employee conduct in the Medicare program.

CCCOMP0001.2: Effective Lines of Communication

{IT} POLICY #: CCCOMP0001.2:	POLICY NAME: Effective Lines of Communication
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EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine
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<p>SCOPE:</p> <p>All Agency representatives.</p>
<p>PURPOSE:</p> <p>To ensure that all Company associates have open access to the Legal/Compliance Department to report Compliance, Fraud, Waste and Abuse (FWA), and HIPAA matters as they are identified.</p>
<p>POLICY:</p> <p>Rick Young Insurance Agency has a documented process to allow Rick Young Insurance Agency representatives access to communicate to compliance.</p>
<p>PROCEDURE:</p> <p>Rick Young Insurance Agency has established and implemented effective lines of communication regarding compliance matters. This is designed to ensure that all Company associates have open access to the Legal/Compliance Department to report Compliance, Fraud, Waste and Abuse (FWA), and HIPAA matters as they are identified.</p> <p>Rick Young Insurance Agency does not tolerate retaliation or retribution against anyone who provides a good faith report of potential or suspected violations. Rick Young Insurance Agency will keep reports confidential to the extent reasonably practicable within the legitimate needs of Rick Young Insurance Agency and as permitted under applicable law.</p> <p>All information is conveyed by Rick Young Insurance Agency in a timely manner and to all appropriate parties. Rick Young Insurance Agency's written standards of conduct and policies and procedures require all associates to report compliance concerns and suspected or actual violations (e.g.)</p> <p>Compliance, FWA, and HIPAA) through one of the available reporting methods. In the event of any founded compliance issues, Rick Young Insurance Agency will contact contracted carrier(s) and submit documented findings.</p> <p>Rick Young Insurance Agency's representative will collaborate with other sponsors, State Medicaid programs, Medicaid Fraud Control Units (MCFUs) and other organizations, as appropriate, when a potential FWA issue is discovered that involves multiple parties and will have the authority to:</p> <ul style="list-style-type: none"> • Interview or delegate the responsibility to interview the employees and other relevant individuals regarding compliance issues; • Review company contracts and other documents pertinent to the Medicare program; • Review or delegate the responsibility to review the submission of data to CMS to ensure that it is accurate and in compliance with CMS reporting requirements; • Independently seek advice from legal counsel; • Report potential FWA to CMS, its designee or law enforcement;

- Conduct and/or direct audits and investigations of any FDRs;
- Conduct and/or direct audits of any area or function involved with Medicare Parts C or D plans; and
- Recommend policy, procedure, and process changes.

When a suspected issue is reported, Rick Young Insurance Agency provides the complainant with information regarding expectations of a timely response, non-retaliation, and a certain degree of confidentiality, along with progress reports, as warranted.

CCCOMP0001.3: How to Report Compliance Issues

{IT} POLICY #: CCCOMP0001.3	POLICY NAME: How to Report Compliance Issues
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives
PURPOSE: To allow a way for {Agency} representatives to report anonymously
POLICY: Rick Young Insurance Agency will ensure that Rick Young Insurance Agency’s representatives can report suspected violations anonymously

PROCEDURE:

Individuals have the right to remain anonymous when reporting suspected violations to Rick Young Insurance Agency. Rick Young Insurance Agency has implemented an anonymous reporting mechanism for good faith reporting of potential compliance issues as they are identified.

Rick Young Insurance Agency abides by all federal regulatory requirements regarding reporting compliance concerns and maintaining a culture of non-retaliation and non-intimidation, including but not limited to the False Claims Act and associated whistleblower provisions.

To report anonymously, individuals can follow the instructions outlined below:

[Insert Rick Young Insurance Agency’s anonymous reporting information]

The anonymous reporting account (specific complaint id) is not to be used for any other purpose than anonymously reporting suspected compliance violations.

CCCOMP0001.4: Prompt Response to Compliance Issues

{IT} POLICY #: CCCOMP0001.4	POLICY NAME: Prompt Response to Compliance Issues
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives.
PURPOSE: To ensure that if a Compliant issue is issued, that there is a process for managing said issue
POLICY: Rick Young Insurance Agency ensures that any compliance issues involving potential Medicare program noncompliance or FWA are addressed and corrected to reduce the potential for reoccurrence.

PROCEDURE:

Any potential noncompliance issue or FWA incident be investigated and addressed by an appropriate member of Rick Young Insurance Agency no later than 2 weeks after identification.

Rick Young Insurance Agency adheres to self-reporting of compliance issues when applicable. Pervasive issues will be escalated to the attention of appropriate compliance personnel for review, mitigation and possible notification to regulatory bodies when necessitated. Examples of an issue that warrants self-reporting include, but are not limited to:

- HIPAA Privacy breaches;
- Website and technological failures;
- Beneficiary harm; and
- Noncompliance with regulatory requirements.

Rick Young Insurance Agency does not tolerate retaliation or retribution against anyone who provides a good faith report of potential or suspected violations. Rick Young Insurance Agency will keep reports confidential to the extent reasonably practicable within the legitimate needs of Rick Young Insurance Agency and as permitted under applicable law.

CCCOMP0001.5: Well Publicized Disciplinary Standards

{IT} POLICY #: CCCOMP0001.5	POLICY NAME: Well Publicized Disciplinary Standards
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives
PURPOSE: To have a documented consistent process for addressing, managing and upholding Rick Young Insurance Agency disciplinary standards.
POLICY: Rick Young Insurance Agency has a documented process for managing and upholding disciplinary standards.
PROCEDURE: Rick Young Insurance Agency establishes and maintains disciplinary standards which encourage compliant behavior according to Rick Young Insurance Agency’s policies and procedures, integrity,

and awareness of and participation in the Compliance, Fraud, Waste and Abuse (FWA), and HIPAA training programs.

Identified violation of the items above could result in disciplinary actions including, but not limited to, retraining, coaching, monitoring, corrective action plans, and termination. It is up to the discrimination of the appropriate leadership to deem what is an appropriate course of action to address identified compliance violations.

Rick Young Insurance Agency ensures that disciplinary standards are enforced in a timely, consistent and effective manner.

Examples of misconduct that could result in disciplinary action include, but are not limited to:

- Encouragement, authorization of, or participation in any action that violates Rick Young Insurance Agency's policies and procedures.
- Intimidation of, or retaliation against, an individual that has reported a suspected violation in good faith
- Unethical sales practices
- Concerning trends in complaints, sales practices or membership
- Fraud, Waste or Abuse
- State or Federal violations

The general discipline for:

- Standard Offense:
 - Individual Compliance, concerning trends over a 3-month period, first time minor violations
 - Could result in disciplinary actions including, but not limited to, retraining, coaching, monitoring
- Egregious Offense:
 - Fraud, Waste, Abuse, Systemic trends over 6 months, State or Federal violations, multiple violations of policy
 - Could result in disciplinary actions including, but not limited to, retraining, coaching, monitoring, corrective action, and termination.

Steps may be added or removed at the discretion of Rick Young Insurance Agency or in accordance with additional expectations or guidelines set forth by the carrier(s).

Rick Young Insurance Agency periodically reviews these records of discipline to ensure that disciplinary actions are appropriate to the seriousness of the violation, fairly and consistently administered and imposed within a reasonable timeframe.

CCCOMP0001.6: Effective System for Routine Monitoring and Identification of Compliance Risks

<p>{IT} POLICY #:</p> <p>CCCOMP0001.6</p>	<p>POLICY NAME:</p> <p>Effective System for Routine Monitoring and Identification of Compliance Risks</p>
<p>EFFECTIVE DATE:</p> <p>04/01/2026</p>	<p>APPROVED BY:</p> <p>Dustin VanDuine</p>

<p>SCOPE:</p> <p>All Agency representatives</p>
<p>PURPOSE:</p> <p>To ensure compliance is up-to-date on potential compliance risk the agency shall have a system to place to allow Compliance to Routinely monitor Rick Young Insurance Agency which allows them to identify compliance risk</p>
<p>POLICY:</p> <p>Rick Young Insurance Agency establishes and maintains an effective system for routine monitoring and identification of compliance risks.</p>
<p>PROCEDURE:</p> <p>This system includes internal monitoring and audits and, as appropriate, external audits, to evaluate Rick Young Insurance Agency's, including FDRs' as applicable, compliance with CMS requirements and the overall effectiveness of the compliance program.</p> <p>Rick Young Insurance Agency regularly monitors compliance with Medicare regulations, sub-regulatory guidance, contractual agreements, and all applicable Federal and State laws, as well as internal policies and procedures to protect against non-compliance and potential FWA.</p> <p>The oversight monitoring and auditing system is reflective of Rick Young Insurance Agency's size, risks and resources to assess performance in, at a minimum, areas identified as being at risk. Elements to consider when determining risk areas include, but are not limited to:</p> <ul style="list-style-type: none"> • Size of department; • Complexity of work completed; • Amount of training that has taken place and/or is required; • Compliance issues identified in the past; and • Budget. <p>The oversight monitoring and auditing system is coordinated, overseen and/or executed by the compliance officer with assistance from the compliance staff and/or committee if desired.</p>

The reporting and results of the oversight monitoring and auditing will be provided to the compliance officer and/or compliance oversight designee to identify potential risks. Any identified risks must be addressed in accordance to Rick Young Insurance Agency’s disciplinary procedures to ensure risk mitigation.

CCCOMP0001.7: Exclusion Reporting

{IT} POLICY #: CCCOMP0001.7	POLICY NAME: Exclusion Reporting
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives
PURPOSE: To ensure that all Rick Young Insurance Agency representatives are reputable, Rick Young Insurance Agency does not hire/contract representatives who are on the Office of the Inspector General or the System for Award Management exclusions lists
POLICY: Rick Young Insurance Agency screens all employees and subcontractors within 90 days of hire against the Office of Inspector General (OIG) and System for Award Management (SAM) exclusions lists prior to hire
PROCEDURE: Rick Young Insurance Agency screens all employees and subcontractors against the Office of Inspector General (OIG) and System for Award Management (SAM) exclusions lists prior to hire/contract and monthly thereafter. All records of these screenings are retained for 10 years. Records must include the names of the individuals included in the reporting activity, the date the reporting activity was completed, and clearly identify any verified matches. Any individuals or entities that appear on either the OIG or SAM exclusions lists must be removed immediately from supporting Rick Young Insurance Agency’s business and will be reported to appropriate entities if necessary.

CCCOMP0001.8: Conflicts of Interest

{IT} POLICY #: CCCOMP0001.8	POLICY NAME: Conflicts of Interest
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives
PURPOSE: <p>A conflict of interest occurs when an individual's interests or activities, or in some cases those of their immediate family member (spouse/domestic partner, child, parent, or sibling, including step-relations and in-laws), could affect or appear to affect the individual's decision making on behalf of Rick Young Insurance Agency or because the individual's objectivity could be questioned because of those interests or activities.</p> <p>It is generally a conflict of interest for a Company associate to work simultaneously for a competitor, customer, or supplier. Associates are not permitted to work for a competitor, consultant, or supplier as a consultant or board member.</p>
POLICY: Rick Young Insurance Agency expects all employees to disclose if they feel they have a potential conflict of interest that could affect their job functions.
PROCEDURE: <p>Conflict of interest attestations are required to be completed on an annual basis. Conflicts or potential conflicts are identified on conflict of interest disclosure forms.</p> <p>Any associate who becomes aware of a conflict or potential conflict should immediately bring it to the attention of supervisor, manager or other appropriate personnel for review.</p> <p>If a conflict is found to be valid, Rick Young Insurance Agency will take appropriate action and notify the applicable parties, via e-mail, of any potential conflicts and will document the action taken.</p> <p>Rick Young Insurance Agency must always comply with requests from upline entities to provide information on conflicts of interest and/or remove conflicts.</p>

CCCOMP0001.9: Compliant Sales Practices

{IT} POLICY #: CCCOMP0001.9	POLICY NAME: Compliant Sales Practices
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: Sales Representatives
PURPOSE: To have a process that ensures adhere to compliant Medicare sales practices.
POLICY: Rick Young Insurance Agency’s sales representatives shall adhere to all Carrier guidelines and CMS regulations pertaining to the sale of Medicare plans.
<p>PROCEDURE:</p> <p>Rick Young Insurance Agency expects all licensed agents to follow compliant sales practices when conducting an appointment, whether face-to-face or virtual, to present and/or sell a Medicare Plan. This includes, but is not limited to:</p> <ul style="list-style-type: none"> • Documenting a Scope of Appointment with the consumer prior-do discussing any Medicare plan benefits <ul style="list-style-type: none"> ○ Scope of Appointment must be maintained by agent for 10 years ○ Rick Young Insurance has the right to audit agents at any time to verify Scope was completed by agent ○ Scope must be received at least 48-hours prior to appointment except if prospect is a walk-in, call-in, or within four days of the end of an enrollment period • Completing a thorough needs-assessment to determine which Medicare plan fits the consumer’s needs and interests • Reviewing all core benefits with the consumer prior to starting the enrollment, • Reviewing any additional benefits upon request of the consumer • Collecting accurate responses from the consumer to complete all questions on the application • Obtaining a signature from the consumer through means of an approved method <p>Under no circumstances is an agent permitted to sign an application on behalf of the consumer/authorized representative. Doing so will result in corrective action, up to contract termination.</p>

CCCOMP0001.10: Commissions, Administrative Fees, and Marketing Co-op

{IT} POLICY #: CCCOMP0001.10	POLICY NAME: Commissions, Administrative Fees, and Marketing Co-op
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives
PURPOSE: To adhere to 42 C.F.R. §§422.2274(b)(1) and 423.2274(b), the compensation amount an organization pays to an independent agent or broker for an enrollment must be at or below the fair market value (FMV) cut-off amounts published yearly by the Centers for Medicare & Medicaid Services (CMS).
POLICY: Rick Young Insurance Agency maintains and adheres to all CMS regulations regarding agent compensation.
PROCEDURE: Medicare Advantage Compensation: <ul style="list-style-type: none"> • Regular Verification of Compensation Structure: <ul style="list-style-type: none"> ○ Engage with each insurance carrier periodically to confirm their prevailing compensation structures. • Ensure Compliance with Bonus Compensation: <ul style="list-style-type: none"> ○ Ascertain that agents are not receiving supplementary compensation for Medicare Advantage through bonuses. • Agent Compensation Transparency: <ul style="list-style-type: none"> ○ Monitor and document agent compensation. ○ Disseminate compensation levels to our agents annually for transparency and clarity. • Annual Update on CMS Compensation Regulations: <ul style="list-style-type: none"> ○ Communicate the annually updated compensation amounts regulated by CMS to all relevant stakeholders.

Administrative Fees Paid by Insurance Carrier

- Limitation on Administrative Fees for Downline Independent Agents:
 - Administrative fees shall not be allocated to downline independent agents.
- Oversight of Split Administrative Fees:
 - Administrative fees that are divided between the general agency and affiliated agencies will be systematically tracked.
 - Downline agencies are bound by the following stipulations:
 - Funds shall not be distributed to downline agents with the intention of amplifying compensation for Medicare Advantage sales beyond the rates determined by CMS.
 - All monetary distributions must explicitly serve the purposes of marketing reimbursement, compensation for training, or coverage of compliance costs.
- Reimbursement Monitoring by Rick Young Insurance:
 - Rick Young Insurance maintains a comprehensive record of all reimbursements disbursed to our agents.
 - Before processing any marketing-related reimbursements, the submission of relevant receipts from each independent agent is mandatory.
 - This procedural requirement is communicated to downline agencies, emphasizing their obligation to comply similarly.

DIRECT TO CONSUMER POLICIES & PROCEDURES

CCDTC0002.1: Call Recording Capability

{IT} POLICY #: CCDTC0002.1	POLICY NAME: Call Recording Capability
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives
PURPOSE: MMCM -CH 2 60.9- Storage of Enrollment and Disenrollment Records
POLICY: {The Company} is required to record all telephonic enrollments and disenrollment requests for Parts C and D Plan Sponsors.

PROCEDURE:

The Agency is required to securely file and retain these records for ten (10) years and must be reproducible upon request. Each telephonic enrollment request must include a statement of the individual’s agreement to be recorded, all required elements necessary to complete the enrollment (as described in Appendix 2 of the MMCM CH 2), and a verbal attestation of the intent to enroll.

CCDTC0002.2: TCPA Compliance

{IT} POLICY #: CCDTC0002.2	POLICY NAME: TCPA Compliance
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives.
PURPOSE: Maintain compliance with the TCPA regulations.
POLICY: Rick Young Insurance Agency maintains and adheres to a Do Not Call List
PROCEDURE: Rick Young Insurance Agency and its downline agencies maintain an in-house Do Not Call list in adherence to TCPA regulations. Under the FCC's rules, no seller or entity telemarketing on behalf of the seller can initiate a telephone solicitation to a residential telephone subscriber who has registered his or her telephone number on Rick Young Insurance Agency’s internal DNC list or on the national “Do-Not-Call” registry. The Company will honor requests from residential subscribers not to receive calls and record the request, along with the subscriber’s name and telephone number, on its internal “do-not-call” list. These requests will be honored within a reasonable time, not to exceed 30 DAYS of the request. All leads will be scrubbed against the Do Not Call registry to maintain compliance with the TCPA regulations. Additionally, Rick Young Insurance Agency and its downline agencies must only perform telemarketing calls between the hours of 8 a.m. and 9 p.m. (local time at the called party’s location)

CCDTC0002.3: QA/Oversight Program and Quality Auditing

{IT} POLICY #: CCDTC0002.3	POLICY NAME: QA/Oversight Program and Quality Auditing
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives
PURPOSE: Adhere to MCMG 110.3-Plan/Part D Sponsor Oversight 42 CFR §§ 422.504(l), 422.2272(c)-(d), 422.2274, 423.505(l), 423.2272(c)-(d), 423.2274
POLICY: Rick Young Insurance Agency engages in quality assurance monitoring and auditing to ensure agents are operating compliantly in accordance with Federal, State, and Plan/Part D Sponsor requirements.
PROCEDURE: Rick Young Insurance Agency, at minimum, secret shops five agents per month by calls or attending a live seminar. Each review is completed according to a scorecard using audit methodology that aligns with Federal, State and carrier requirements. The QA scores will be recorded and maintained for ten (10) years. The scorecards are reviewed regularly by appropriate management personnel in order to track trending of results. The scorecards will be reproducible and provided upon request. Any deficiencies identified by reviewers/auditors during QA evaluations will be presented to the appropriate management personnel. The management personal will be responsible to maintain consistency among QA audit methodology, track and address reoccurring deficiencies and determine mitigation efforts in accordance disciplinary standards, if applicable. Rick Young Insurance Agency will respond as directed to any inquiry received from the upline or Plans/Part D Sponsors related to any sales activities and actions to support investigation of any complaints or concerns and will produce all related documentation within the timeframe requested.

CCDTC0002.4: CMS Approved Marketing Scripts

{IT} POLICY #: CCDTC0002.4	POLICY NAME: CMS Approved Marketing Scripts
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives.
PURPOSE: Adhere to MCMG 80.4-Telesales and Enrollment Scripts; MMCM CH 2- Eligibility and Enrollment Guidance 42 CFR §§ 422.60(c), 422.2262, 422.2264, 422.2268, 423.32(b), 423.2262, 423.2264, 423.2268
POLICY: Rick Young Insurance Agency will utilize CMS-approved Telesales and enrollment scripts.
PROCEDURE: Should Rick Young Insurance Agency wish to use their own scripting, Rick Young Insurance Agency will submit scripts through the proper channels for review by HPMS as required. Scripts must be submitted in their entirety (bullets or talking points will not be accepted). All scripts should incorporate relevant requirements outlined in these Guidelines including: <ul style="list-style-type: none"> • Follow all requirements described in CMS Eligibility and Enrollment Guidance in Chapter 2 and Chapter 17, Subchapter D, of the Medicare Managed Care Manual, as well as Chapter 3 of the Medicare Prescription Drug Benefit Manual; • Clearly state the individual is requesting enrollment into (plan name) and the plan type; • Provide confirmation of having accepted/completed the telephone enrollment request, such as a confirmation tracking number or other tracking mechanism; • Provide a statement that the individual will receive a notice acknowledging receipt of the enrollment (e.g., acknowledging request for additional information or denial of enrollment); • Provide contact information for questions including toll-free telephone and TTY numbers

CCDTC0002.5: Agent Licensing, Appointment and Training Process

{IT} POLICY #: CCDTC00025	POLICY NAME: Agent Licensing, Appointment and Training Process
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives
PURPOSE: Adhere to MCMG- Section 110.1- Agent Training Requirements; MMCM CH 2; Office of Civil Rights, and Section 1557 of the Affordable Care Act (ACA); Medicare Managed Care Manual- Chapter 21-50.1.2 Policies and Procedures; 50.3.1 and 50.3.2- Effective Training and Education
POLICY: Rick Young Insurance Agency will establish and maintain sales training, over sight and monitoring for licensed agents, and other processes to ensure that sales activities are compliant with CMS requirements and consistent with Rick Young Insurance Agency’s Policies and Procedures.
PROCEDURE: All licensed agents who support Medicare Advantage or Part D products must complete the following within 90 days of hire and annually thereafter: <ul style="list-style-type: none"> • FWA Training • AHIP Training (or other CMS specific) • Plan specific training • Resident and non-resident state licensing (as applicable) • Bi-lingual agents are required to complete plan specific language certifications <p>Agents must complete all required training, successfully pass testing with a score of 85% or better (per carrier guidelines) and obtain a distinct carrier writing number prior to presenting or selling their plan.</p> <p>Rick Young Insurance Agency maintains accurate, in-house records of agent licensure and certification status to ensure only Ready to Sell agents have access to Medicare Plan sales tools. Records are updated in a timely manner upon receipt of Carrier certification reports and updates.</p> <p>Licensed agents are expected to adhere to all applicable Medicare and TCPA regulations, Rick Young Insurance Agency’s Code of Conduct, Information Protection Policy and Ethics Training.</p>

Under no circumstances will an agent be permitted to represent a carrier or enroll a beneficiary in a plan without carrier approval.

If a sales agent presents and/or enrolls a beneficiary without meeting the carrier's certification requirements, the agent may not be compensated for the enrollment and disciplinary action will take place up to and including termination of an agent's contractual relationship.

All training completion records will be recorded and maintained for ten (10) years and reproducible upon request.

CCDTC0002.6: Telemarketing Compliance; Safe Harbor

{IT} POLICY #: CCDTC0002.6	POLICY NAME: Management of Removable Media
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE:

All Agency representatives

PURPOSE:

Adhere to Federal Commissions Communication – Unwanted Telephone Marketing Calls

POLICY:

Rick Young Insurance Agency trains all employees on applicable Safe Harbor Provisions in order to mitigate TCPA violations. Rick Young Insurance Agency will adhere to all applicable governmental telemarketing rules and regulations regarding communication with consumers.

PROCEDURE:

Rick Young Insurance Agency has implemented this Do-Not-Call Policy to provide the guidelines necessary to follow all applicable and enforceable federal and state Do-Not-Call laws for communication with consumers. The National Do Not Call data is downloaded every 30 days to meet federal guidelines.

Enabling Calling Line Identification

A call must ensure that calling line identification is enabled at the time they make or attempt to make a call, or cause a call to be made.

Rick Young Insurance Agency adheres to all laws governing how companies contact consumers with the telephone addressing the following, but not limited to:

- Do-Not-Call Lists
- Do-Not-Call-List Exceptions
- Agency Specific Do-Not-Call Lists
- Use of Automated or Predictive Dialers
- Use of Artificial or Prerecorded Voices
- Abandoned Calls
- Wireless Telephone Numbers
- Caller ID Requirements
- Time of Day Restrictions
- Sales and Upsell Disclosures
- Facsimile Restrictions

CCDTC0002.7: Process for Handling Customer Complaints

{IT} POLICY #: CCDTC0002.7	POLICY NAME: Process for Handling Customer Complaints
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: Agency Representatives
PURPOSE: Adhere to Medicare Marketing Manual Chapter 50.7.1 – Conducting a Timely and Reasonable Inquiry of Detected Offenses
POLICY: Rick Young Insurance Agency adheres to CMS guidelines for customer service call center operation hours. service call center hours and days are the same for all individuals regardless of whether they speak English, a non-English language, or use assistive devices for communication.
PROCEDURE: Rick Young Insurance Agency’s will comply with all carrier/upline investigations. Rick Young Insurance Agency will ensure that the agent has been duly notified a response is required to either a carrier complaint or outreach. Rick Young Insurance Agency will engage in the following steps regarding carrier complaints and outreach:

- Notification to the agent of the existence of a complaint/corrective action within the first twenty-four (24) hours of receipt.
- Providing a copy of the complaint/corrective action to the agent.
- Advising the agent of the requirement of a response and the deadline by which he/she must respond to the allegation.
- Informing the agent that following the carrier's review of the agent statement, corrective action may follow, as determined by the carrier and/or Rick Young Insurance Agency.
- Notifying the agent that in some cases, corrective action may be initiated by Rick Young Insurance Agency's Compliance Department, individual agency and/or marketing Agency, as applicable, per individual contracting relationship.

All complaint and outreach documentation that Rick Young Insurance Agency receives is maintained in the compliance database and stored for ten (10) years.

CCDTC0002.8: Charges to Beneficiaries

{IT} POLICY #: CCDTC0002.8	POLICY NAME: Charges to Beneficiaries
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives
PURPOSE: Adhere to MCMG 110.3-Plan/Part D Sponsor Oversight 42 CFR §§ 422.504(l), 422.2272(c)-(d), 422.2274, 423.505(l), 423.2272(c)-(d), 423.2274
POLICY: Rick Young Insurance Agency strictly prohibits all employees, agents or downline entities from charging a beneficiary a marketing fee in any form.
PROCEDURE: Rick Young Insurance Agency strictly prohibits all employees, agents or downline entities from charging a beneficiary a marketing fee in any form. Appropriate disciplinary action may be taken if an individual is identified to be participating in this act.

CCDTC0002.9: Marketing Through Unsolicited Contacts

{IT} POLICY #: CCDTC0002.9	POLICY NAME: Marketing Through Unsolicited Contacts
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives.
PURPOSE: Adhere to MCMG 80.4-Telesales and Enrollment Scripts; MMCM CH 2- Eligibility and Enrollment Guidance 42 CFR §§ 422.60(c), 422.2262, 422.2264, 422.2268, 423.32(b), 423.2262, 423.2264, 423.2268
POLICY: Rick Young Insurance Agency will utilize CMS-approved Telesales and enrollment scripts.
PROCEDURE: Rick Young Insurance Agency strictly prohibits agents from marketing through unsolicited contacts. Agents may solicit through: <ul style="list-style-type: none"> • Conventional mail and other print media (e.g., advertisements, direct mail). • Email provided all emails contain an opt-out function. Agents may not participate in unsolicited contact through: <ul style="list-style-type: none"> • door-to-door solicitation, including leaving information such as a leaflet or flyer at a residence; • Approaching potential enrollees in common areas (e.g., parking lots, hallways, lobbies, sidewalks, etc.); or, • Using telephonic solicitation, including text messages and leaving electronic voicemail messages. • Social media messaging. Rick Young Insurance Agency strictly prohibits telephonic activities that include, but are not limited to, the following: <ul style="list-style-type: none"> • Unsolicited calls about other business as a means of generating leads for Medicare plans (e.g., bait and switch strategies); • Calls based on referrals (if an individual would like to refer a friend or relative to an agent or Plan/Part D sponsor, the agent or Plan/Part D sponsor may provide contact information such as a business card that the individual could provide to a friend or relative); • Calls to market plans or products to former enrollees who have disenrolled, or to

- current enrollees who are in the process of voluntarily disenrolling;
- Calls to beneficiaries who attended a sales event, unless the beneficiary gave express permission at the event for a follow-up call (there must be documentation of permission to be contacted); or,
- Calls to prospective enrollees to confirm receipt of mailed information

Agents/brokers who have a pre-scheduled appointment with a potential enrollee who is a “no-show” may leave information at that potential enrollee’s residence.

If a potential enrollee provides permission to be contacted, the contact must be event- specific, and may not be treated as open-ended permission for future contacts.

Rick Young Insurance Agency maintains oversight of all marketing activities. Any violation of this policy may result in disciplinary action.

CCDTC0002.10: Prohibition of Open Enrollment Period Marketing (OEP)

{IT} POLICY #: CCDTC0002.10	POLICY NAME: Prohibition of Open Enrollment Period Marketing (OEP)
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives
PURPOSE: Adhere to MCMG- Section 110.1- Agent Training Requirements; MMCM CH 2; Office of Civil Rights, and Section 1557 of the Affordable Care Act (ACA); Medicare Managed Care Manual- Chapter 21-50.1.2 Policies and Procedures; 50.3.1 and 50.3.2- Effective Training and Education
POLICY: Rick Young Insurance Agency will adhere to MMCM Open enrollment marketing regulations

PROCEDURE:

During the Open Enrollment Period (January 1 to March 31) Rick Young Insurance Agency does not conduct any one of the following marketing practices:

- Send unsolicited materials advertising the ability/opportunity to make an additional enrollment change or referencing the OEP;
- Specifically target beneficiaries who are in the OEP because they made a choice during Annual Enrollment Period (AEP) by purchase of mailing lists or other means of identification;
- Engage in or promote agent/broker activities that intend to target the OEP as an opportunity to make further sales; or
- Call or otherwise contact former enrollees who have selected a new plan during the AEP.

CCDTC0003.1: Discriminatory Selling Practices

{IT} POLICY #: CCDTC0003.1	POLICY NAME: Discriminatory Selling Practices
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives
PURPOSE: Adhere to Medicare Communications and Marketing Guidelines 30.1 – Anti-Discrimination
POLICY: Rick Young Insurance Agency shall Adhere to Medicare Communications and Marketing Guidelines 30.1 – Anti-Discrimination

PROCEDURE:

Rick Young Insurance Agency does not permit discrimination based on race, ethnicity, national origin, religion, gender, sex, age, mental or physical ability, health status, receipt of health care, claims experience, medical history, genetic information, evidence of insurability or geographic location.

Rick Young Insurance Agency strictly prohibits targeting potential enrollees from higher income areas, state or imply that plans are only available to seniors rather than to all Medicare beneficiaries, or state or imply that plans are only available to Medicaid beneficiaries unless the plan is a Dual Eligible Special Needs Plan (D-SNP). Only SNPs and MMPs may limit enrollments to individuals meeting eligibility requirements based on health and/or other status; such limitations must be consistent with the scope of their Medicare Advantage, and/or other status; such limitations must be consistent with the scope of their Medicare Advantage, Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) or three-way contracts with CMS.

Lead Sources MUST NOT:

- Require consumers to give any health status, gender, date of birth information, or any other information that would give the appearance of cherry picking, to solicit for Medicare Advantage or Prescription Drug Plans.
- Require consumers to enter any information other than a zip code, county, and/or state for access to non-beneficiary specific website, i.e. access to general website content, such as a list of plans in the area.
- Be misleading, including giving the perception that the beneficiary is interacting with a government entity.
- Offer or imply to offer any incentives or rewards in conjunction with completing the form, other than those permitted by nominal gift guidelines.

Lead Sources MUST:

- Provide for do to contact. Permission to contact and overall form/scripting must be clear to the consumer that they are agreeing to give their contact information and requesting for a licensed sales agent to contact them regarding MA/PDP plan information.
- Be clear, easy to understand and navigate (if a website).
- Clearly indicate the phone number they are calling will connect with a licensed insurance/sales agent to inquire about Medicare Advantage plans.

CCDTC0003.2: Nominal Gifts

{IT} POLICY #: CCDTC0003.2	POLICY NAME: Nominal Gifts
EFFECTIVE DATE:	APPROVED BY:

04/01/2026	Dustin VanDuine
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<p>SCOPE:</p> <p>All Agency representatives</p>
<p>PURPOSE:</p> <p>Adhere to Medicare Communications and Marketing Guidelines – 40.4 – Nominal Gifts and 40.5 – Exclusion of Meals as a Nominal Gift</p>
<p>POLICY:</p> <p>Rick Young Insurance Agency shall Adhere to Medicare Communications and Marketing Guidelines – 40.4 – Nominal Gifts and 40.5 – Exclusion of Meals as a Nominal Gift</p>
<p>PROCEDURE:</p> <p>Rick Young Insurance Agency permits giving nominal gifts (\$15 or less) to potential enrollees, provided the gift is given regardless of whether they enroll, and without discrimination.</p> <p>The following rules apply to nominal gifts:</p> <ul style="list-style-type: none"> • If a nominal gift is a chance to receive one large gift or a communal experience (e.g., a concert, raffle, drawing), the total fair market value must not exceed the nominal per person value based on anticipated attendance. For example, if 10 people are expected to attend an event, the nominal gift may not be worth more than \$150 (\$15 for each of the 10 anticipated attendees). Anticipated attendance must be based on venue size, response rate, and/or advertisement circulation. • Nominal gifts may not be in the form of cash or other monetary rebates even if their worth is \$15 or less. <p>Meals are not permitted at sales/marketing events. Refreshments and light snacks may be provided. Plans/Part D sponsors should ensure that items provided could not be reasonably considered a meal and/or that multiple items are not being “bundled” and provided as if a meal.</p> <p>Meals may be provided at CMS-defined educational events and other events that would fall under the definition of communications.</p>

CCDTC0003.4: Marketing Sales Events

<p>{IT} POLICY #:</p> <p>CCDTC0003.4</p>	<p>POLICY NAME:</p> <p>Marketing Sales Events</p>
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EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine
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SCOPE: Rick Young Insurance Agency’s Representatives
PURPOSE: Adhere to the guidelines set in place by Medicare Communications and Marketing Guidelines – 50 Outreach Activities; 50.1 – Educational Events and 50.2 Marketing/Sales Events
POLICY: Rick Young Insurance Agency shall Adhere to the guidelines set in place by Medicare Communications and Marketing Guidelines – 50 Outreach Activities; 50.1 – Educational Events and 50.2 Marketing/Sales Events
PROCEDURE: Rick Young Insurance Agency adheres to all requirements pertaining to Marketing/Sales Events. These types of events are designed to steer or attempt to steer potential enrollees, or the retention of current enrollees, toward a Plan or limited set of Plans. The following requirements apply to all marketing/sales events: <ul style="list-style-type: none"> • Rick Young Insurance Agency must submit scripts and presentations to CMS prior to use, including those to be used by agents/brokers. • Sign in sheets must clearly be labeled as optional. • Health screenings or other activities that may be perceived as, or used for, “cherry picking”. • May not require attendees to provide contact information as a prerequisite for attending an event. -Contact information for potential enrollees provided for raffles or drawings for purposes other than may only be used for that purpose.

CCDTC0003.5: Record Retention

{IT} POLICY #: CCDTC0003.5	POLICY NAME: Record Retention
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE:

All Agency representatives.

PURPOSE:

To adhere to Medicare Managed Care Manual, Chapter 11 – 110.4.3 – Maintenance of and Access to MA-Related Record Requirements

POLICY:

Agency shall adhere to Medicare Managed Care Manual, Chapter 11 – 110.4.3 – Maintenance of and Access to MA-Related Record Requirements

PROCEDURE:

Rick Young Insurance Agency must maintain books, records, documents and other evidence of accounting procedures and practices related to Medicare Advantage for ten (10) years. Records to be retained include, but are not limited to:

- Training completion records
- Screening evidence of OIG and SAM
- Documentation of any compliance and/or FWA issues
- Financial statements
- Federal income tax or information returns for the current year and 10 years prior
- Agreements, contracts, and subcontracts
- Marketing and management agreements
- Financial reports filed with other federal programs or state authorities
- Documents demonstrating compliance with CMS requirements for maintaining privacy and security of protected health information and other personally identifiable information of Medicare enrollees
- Computer and other electronic systems
- Telephonic enrollments, including lead source information, both lead type and detail, pertaining to a sale.
- Enrollment and disenrollment records

At a minimum, the records maintenance must be sufficient to do the following:

- Accommodate periodic auditing of financial records;
- Enable CMS/upline to inspect or otherwise evaluate the quality, appropriateness, and timeliness of services performed under the contract, and the facilities of the organization; and
- Enable CMS/upline to audit and inspect any books and records of Rick Young Insurance Agency that pertain to the ability of the organization to bear the risk of potential financial losses, or to services performed or determinations of amounts payable under the contract, if applicable.

CMS/upline may inspect, evaluate and/or audit a Agency if it determines that there is a reasonable possibility of fraud or similar level of fault.

CCDTC0003.6: Outbound Telephonic Enrollments

{IT} POLICY #: CCDTC0003.6	POLICY NAME: Outbound Telephonic Enrollments
EFFECTIVE DATE: 04/01/2026	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives.
PURPOSE: <p>To adhere to Chapter 2 section 40.1.3 - Enrollment via Telephone: MA organizations may accept requests for enrollment into their MA plans via an incoming (in-bound) telephone call to a plan representative or agent. MAOs may also accept enrollment requests during communications initiated by the organization when, during the course of outreach to provide information about their Medicare plan offerings to individuals with whom they have an existing business relationship, the individual expresses a desire to enroll in one of the organization’s MA plans.</p>
POLICY: <p>Agents are permitted to complete an outbound enrollment via telephone per CMS regulations in limited situations ONLY if the following requirements are met:</p> <ul style="list-style-type: none"> • The call is recorded and retained for 10 years as required by CMS. • There must be an Existing Business Relationship (EBR) with the consumer. Examples of EBR are noted in the list below. • The consumer must ‘express a desire to enroll’, which must be captured in the telephonic recording. • The agent is licensed and certified to sell in the enrollee’s state of residence. <p>NOTE: If any of these criteria are not satisfied, the agent must have the consumer call back to complete the enrollment on an Inbound call. When in doubt, it is always advised to have the consumer call back on an Inbound recorded line to complete the enrollment in order to remain compliant.</p>

PROCEDURE:

Examples of EBR (not an all-inclusive list):

- An existing member with an active insurance policy (Medicare, Medicare Supplement, IDV, Group, Commercial).
- Documented Permission to Contact (PTC) on file to discuss MA/MAPD, PDP or OSB. PTC must be valid still (not expired/terminated).
- Callbacks to consumers in the process of enrolling if call drops mistakenly and the consumer has provided consent to be called back.
- Callbacks to consumers who leave a voicemail requesting to be contacted.
- Calls to D-SNP applicants whose application was rejected (not meeting the plan’s required Medicaid level) to offer enrollment into a different plan to which they may be eligible.
- With documented PTC, calls to consumers who requested plan information, but were not to ready to enroll (i.e., wanted to discuss with a family member). Note, calls must comply with state telephone solicitation regulations.

All complaint and outreach documentation that Rick Young Insurance Agency receives is maintained in the compliance database and stored for ten (10) years.

CCDTC0003.7: Medicare Enrollments

{IT} POLICY #: CCDTC0003.7	POLICY NAME: Medicare Enrollments
EFFECTIVE DATE: 07/29/2024	APPROVED BY: Dustin VanDuine

SCOPE: All Agency representatives.
PURPOSE: To ensure compliance with the new Medicare requirements effective October 1, 2024, the following updates have been incorporated into our compliance rules.
Special Enrollment Period (SEP) End Dates for Government Entity-Declared Disaster or Emergency 1. This provision updates the SEP rules for individuals affected by an emergency or major disaster declared by a Federal, State or local government entity.

2. The SEP ends 2 full calendar months following the end date identified in the declaration or, if different, the date the end of the incident is announced or the date the incident automatically ends under applicable state or local law.
3. If the incident end date of an emergency or major disaster is not otherwise identified, the incident end date is 1 year after the SEP start date; or, if applicable, the date of a renewal or extension of the emergency or disaster declaration, whichever is later. The maximum length of this SEP, if the incident end date is not otherwise identified, is 14 full calendar months after the SEP start date or, if applicable, the date of a renewal or extension of the emergency or disaster declaration.

Updating MA and Part D SEPs for Changes in Residence

1. Codification of longstanding guidance to specify a SEP for individuals who move within the service area of their current plan and have new Medicare health or drug plan options available to them, as well as to those who are not currently enrolled in a Medicare health or drug plan who move and have new plan options available to them.
2. Also codifies that an individual is considered to be temporarily absent from the plan service area when any one or more of the required materials and content referenced in §§ 422.2267(e) and 423.2267(e), if provided by mail, is returned to the plan sponsor by the US Postal Service as undeliverable and a forwarding address is not provided.

Revise Initial Coverage Election Period Timeframe To Coordinate With A/B Enrollment (§ 422.62)

CMS finalized the extension of the timeframe for an individual to elect MA when first eligible. Specifically, the rule allows an individual who newly enrolls in Part A and/or Part B beyond their initial Medicare enrollment period to elect to join an MA plan up to two (2) months after the date they have both Part A and Part B coverage. Currently, a person who does not elect MA before the effective date of their Part A and B coverage generally must wait until the next enrollment period that is available to them to make an MA election.

Authorized Representatives for Parts C/D Elections (§§ 422.60 and 423.32)

CMS codified existing manual guidance on an authorized representative making an MA election on behalf of a beneficiary or enrollee. Specifies that an authorized representative is one with state-issued legal authority to act and make health care decisions on behalf of the beneficiary. The rule adds new paragraphs §§ 422.60(i) and 423.32(j).

Beneficiary Choice of C/D Effective Date if Eligible for More Than One Election Period (§§ 422.68 and 423.40)

Sales agents understand and are able to select an applicable SEP at the time of enrollment. Beneficiaries are able to choose the election period that results in the desired effective date. If the beneficiary does not make a choice, CMS provides (in existing sub-regulatory guidance) a ranking of different enrollment windows for determining effective date. This finalizes new paragraphs §§ 422.68(g) and 423.40(f).

Distribution of Personal Beneficiary Data by Third Party Marketing Organizations (§§ 422.2274(g) and 423.2274(g))

1. TPMOs are only permitted to share personal beneficiary data with other TPMOs for marketing or enrollment purposes ONLY if they first obtain EXPRESS written consent from the relevant beneficiary. Effective October 1, 2024: This includes beneficiary data that is collected prior to October 1, 2024, but will be transferred or shared with another TPMO on or after October 1, 2024. Therefore, TPMOs must have prior express written consent to share a beneficiary's personal data on or after October 1, 2024.
 - a. This new rule will require lead generators and comparison-shopping websites to obtain one-to-one consent with a clear and conspicuous disclosure from the consumer for each seller that intends to make a call or send a text using an automatic telephone dialing system or make a call containing an artificial/prerecorded voice.
 - i. Therefore, even if a lead generator or comparison-shopping website lists multiple sellers on its webpage, each seller is responsible for obtaining the prior express written consent from the called party through a "clear and conspicuous" disclosure on the lead generator or comparison-shopping website in order to robocall or robotext the consumer.
 - b. Example:
 - i. When a live call can be transferred to another entity for assistance it is an acceptable approach that can be accomplished without obtaining prior express written consent as long as the beneficiary has verbally agreed or consented to be transferred during the live phone call. But, if the TPMO will need to share beneficiary personal data with anyone that they will not be speaking with immediately they will need to get prior express written consent to share personal data.
2. If a TPMO collects a beneficiary's personal beneficiary data with the purpose of eventually marketing or enrolling that beneficiary into an MA or Part D Plan, it would be inappropriate for that TPMO to share the beneficiary's data with a second TPMO without the beneficiary's consent, even if that second TPMO does not plan to conduct any marketing or enrollment activities. Consent would be needed for each TPMO in the marketing enrollment chain. Selling data would potentially implicate Anti-Kickback statute.
 - a. C/R: TPMOs should use a consent method where the default selection is that the beneficiary chooses to not share their data; there should be an affirmative action by the beneficiary to acknowledge that sharing their data with another TPMO is permitted.
 - i. A check box list can be provided that allows beneficiaries to choose each TPMO they want to hear from.

Rick Young Insurance Agency

Principle Signature _____

Principle Name _____

Date _____

Approved By _____

Name _____

Date _____