

HEALTHMARKETS

POST-65 FACE TO FACE

INSTRUCTIONS

QUESTIONNAIRE

HealthMarkets is one of the largest independent health insurance agencies licensed to sell individual and supplemental insurance plans across the U.S. You will schedule an appointment with a HealthMarkets agent and allow them to go through a 45-60 minute presentation on Medicare compatible health plans available with different companies through HealthMarkets. Your observations will help ensure adherence to sales and marketing guidelines.

Before You Begin

- Review your shop confirmation
- Know your scenario (background info)
- Understand the minimum requirements before submitting an unsuccessful shop

Don't Forget!

- Contact your assigned agent
- Follow your scenario
- Upload agent's business card and other materials provided with your report



General Requirements

- Read all instructions and the entire questionnaire before you complete the shop.
- You must look age appropriate for the scenario (see scenario information below).
- Do not complete an assignment with any agent you have previously met.
- Request to meet with the agent in person. If they only offer phone meetings or virtual meetings (using online meeting software such as Zoom), you must accept.
- Do not enroll in a plan (this is an observational shop).
- [Click here for a summary of Medicare and Advantage Plans if you are not familiar with them.](#)
- Check your shop confirmation for the following:
 - ✓ Assigned agent's name and zip code to use to look up the agent's phone number
 - ✓ County you must say you live in (this is the agent's service area)
- Understand this is a two-part assignment with separate assignment numbers for each part:
 - **Assignment #1 (Setting the Appointment)** will be provided to contact an agent to set up the meeting.
 - **Assignment #2 (Meeting with the Agent)** will be provided after you have submitted the Setting the Appointment report.
- Submit each report to shopperhub.cxgroup.com within 12 hours of successfully completing it.
- Retain all documentation for six months following your shop.
- You or your immediate family members cannot currently nor have ever worked for nor have ever been contracted as an agent of HealthMarkets.



Instructions for Assignment #1 (Setting the Appointment)

Step #1: Go online to get the agent's phone number to schedule the appointment

- Within 24 hours of being assigned the shop, visit healthmarkets.com and click on "FIND AN AGENT" in the upper right-hand corner.
- Enter the zip code listed in your shop confirmation to pull up a list of nearby agents.
- Find your assigned agent in the list (the agent's name will be listed in your shop confirmation).

Step #2: Call the agent to schedule a meeting

- Become familiar with the required scenario (background information) below before calling the agent so that you understand how to respond to questions.
- Within 24 hours of being assigned the shop, call the phone number you found for your assigned agent. Call during business hours Monday-Friday.
 - Say you would like to meet with the agent to get information on the Medicare Advantage Plans available. Do not specify a specific insurance company.
 - Tell the agent you live in the county listed in your shop confirmation.
- Use your real name, phone number, and address if this is your first HealthMarkets assignment.
 - Use an alias name, alias address, and different phone number for each additional shop. Make sure the different phone number is one you can be reached at.
 - Remember the alias name and address. You will use it when meeting with the agent.
- Request the meeting within 3 days. If not available within 3 days, accept the next available date.
 - If the assigned agent is not available to meet but refers you to another agent, you must accept and reach out to the other agent to request a meeting.
- Request to meet in person. If they cannot meet in person, accept a phone or virtual meeting.
 - If offered a phone or virtual meeting, ask to schedule a future date/time for the meeting to take place. Do not complete the meeting during your initial call.
 - If offered an in-person meeting and you live in the county listed in your shop confirmation, you may meet with the agent at your home or in a public place. If you do not live in that county, specify a public place in that county to meet.
- If asked how you got their number, indicate an online search leading to healthmarkets.com.

Unable to make an appointment (unsuccessful calls)

- At least two call attempts are required if the phone is not answered (voicemail reached).
- Only one call attempt is required if the listed phone number is incorrect, the agent refuses to meet with you, or the agent indicates they no longer sell for the company.
- If you get voicemail, leave a message with your name, contact number, and a statement that you are interested in meeting to get information on the Medicare Advantage Plans available.
- Wait 48 hours for a return call. If you do not hear from the agent within 48 hours, call again and leave another voicemail with the same information.
- Wait another 48 hours for a return call. (This will be a total of 2 call attempts across 4 days.)

Step #3: Submit assignment #1 (Setting the Appointment)

- Use the chart below to determine when you should submit your first assignment.

Outcome of agent contact	Action you should take
I was able to schedule an appointment with either the assigned agent or a referred agent.	Submit assignment #1 online. CX Group will then send you the second assignment number.
I'm playing phone tag or actively working with an agent to schedule an appointment.	Do not fill out assignment #1 until you either have an appointment date set or you are sure you will be unable to schedule an appointment.
I've left two voicemails 48 hours apart but have not received a call back from an agent. It's been 96 hours since my first voicemail was left.	Submit assignment #1 online, and receive \$2. This ends the entire assignment.
I wasn't able to schedule an appointment because the listed phone number was incorrect, the agent refused to meet with me, or the agent no longer sells for the company.	Submit assignment #1 online and receive \$2. This ends the entire assignment.



Instructions for Assignment #2 (Meeting with the Agent)

Understanding Scope of Appointment

- The agent should get a Scope of Appointment form or confirmation before they begin speaking with you about their health plans. The Scope of Appointment is an agreement to discuss Medicare Supplement or Medicare Advantage Plans with the agent.
- The Scope of Appointment can be done using a paper form (with the Medicare Supplement or Medicare Advantage plans you agreed to discuss listed) or by phone.
 - If done by phone, the agent will call the Scope of Appointment verification line, and you will provide your name, address, phone number, appointment date, and name of the agent. Alternately, you may be asked to call the Scope of Appointment verification line on your own.
- Write down the date/time the Scope of Appointment was completed.

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss. (Refer to page 2 for product type descriptions.)

Stand-alone Medicare Prescription Drug Plans (Part D) Dental/Vision/Hearing Products
 Medicare Advantage Plans (Part C) and Cost Plans Supplemental Health Products
 Medicare Supplement (Medigap) Products

By signing this form, you agree to a meeting with a sales agent to discuss the type of products you indicated above. Please note: the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
<i>If you are the authorized representative, please sign above and print below:</i>	
Representative's Name:	Your Relationship to the Beneficiary:
To be completed by Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	Date Appointment Completed:
Plan(s) for agent represented during this meeting: Date Appointment Completed:	
[Plan use only]	
<small>Agent: If the form was signed by the beneficiary at time of appointment, provide explanation why SIA was not documented prior to meeting.</small>	
<small>Stand-alone Medicare Prescription Drug Plans (Part D) Medicare Prescription Drug Plan (PDP): A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-For-Service Plans, and Medicare Medical Savings Account Plans.</small>	

Scope of Appointment sample form

Meeting with the agent

- You will meet with the agent for up to 60 minutes. Do not rush the agent or make comments regarding the length of the presentation. If asked, you have plenty of time.
- Stay alert, and pay attention. Act as if it is the first time you're hearing this information.
- Take notes during the presentation. Say you would like to remember what was discussed.

- Write down all companies/plan names recommended (i.e., discussed in some detail).
 - Make sure you understand the types and names of plans being discussed and recommended (ask questions to clarify the information if necessary).
- Stick to the scenario. Do not embellish the story or volunteer information, as this may prompt the agent to ask questions you cannot answer, or you could become ineligible for a plan.
- Do not sign up for a plan. If asked, tell the agent you would like to think about it before deciding.
- Accept any marketing materials, consumer information/enrollment packets, or gifts offered.
- Do not provide your social security number for any reason.

Other critical items and information to capture during the meeting

- **Agent's contact information:** Get the agent's business card to upload with your report.
- **Marketing material:** Request copies of any marketing material/brochures to upload. These can be sent by email for a phone or virtual meeting.
 - When submitting your report, check the material for a CMS Medicare approval number. The code should be in the lower left or right corner of all documents but may also be found on inside pages, so check thoroughly. Example: Y0097_1234 Accepted, Y0097_5678 Approved or NS_1234.
- **Proposals/price quotes:** If you are given or emailed a proposal that includes price quotes for the plans recommended, upload the entire quote with your report.
- **Gifts:** Accept any gifts the agent offers. If there are conditions for getting the gift, such as you must sign up in order to receive it, you can decline.
- **Agent representation:** Is it clear who the agent works for? They should introduce themselves as a licensed insurance agent/producer working for HealthMarkets and not Medicare or the government. It is okay to talk about Medicare or the government as long as it is not stated or implied they work for them.
- **Absolute statements:** Agents are not permitted to make statements that single out specific companies. Absolute statements tend to elevate a single plan/provider above others.
 - Prohibited absolute statements: "the best available," "more coverage than any other plan," etc.
 - Permitted qualified statements: "one of the best available," "among the highest rated plans available today," etc.



Scenario (Background Information)

- Individuals become eligible for Medicare at age 65. This shop requires you to role-play as if you are turning 65 and are interested in a Medicare Advantage Plan.

Scenario: Aging-in (turning 65) and shopping for a Medicare Advantage Plan

Present the following as your situation when prompted for information:

- You are turning 65 years old in the next couple of weeks.
 - Your birth year must be 1961. If asked, provide a birthdate in the next few weeks.
- You are not currently on Medicare but have received the information by mail (Medicare book

and card).

- You live in the county listed in your shop confirmation.
- You are relatively healthy and see a doctor a couple of times a year.
- You want prescription drug coverage.
- If asked about medication, say you take 1 or 2 of these medications:
 - Daily for high blood pressure: Metoprolol 100mg
 - Daily for high cholesterol: Plavix 75mg, Crestor 5mg, or Lipitor 10mg
 - Daily for hypothyroidism: Armour 60mg
 - Monthly for osteoporosis/bone loss: Boniva 150mg (typically only for women)
- You do not qualify for Medicaid or state assistance.
- You do not have End Stage Renal Disease (ESRD).
- If asked for your Medicare card number, indicate you are not comfortable providing it until you decide which plan to enroll in and will provide it then.



QUESTIONNAIRE

Meeting date:

Meeting start time:

Meeting end time:

Appointment

1. How long did it take for you to connect with an agent (or other representative) to schedule the appointment?

If you had to leave a voicemail, answer based on the agent's initial outreach to you, even if you missed their first contact attempt.

- Within 4 hours
 More than 24 hours
 Within 12 hours
 N/A – the meeting did not occur
 Within 24 hours

2. Date and time you initially contacted the agent:

This is the date and time you first contacted the agent by phone. Required format: 12/15/2022 2:20 PM

3. Date and time you connected with an agent (or other representative) to schedule the appointment:

This is the date and time you spoke to the agent to schedule the appointment. If you had to leave a voicemail, enter the date and time of the agent's initial outreach to you, even if you missed their first contact attempt. Required format: 12/17/2022 9:00 AM

4. When setting the appointment, did anyone other than the agent assist?

- Yes
 N/A – the meeting did not occur
 No

5. If yes, list the information they requested from you and provided to you:

6. Date and time of your meeting with the agent:

Required format: 12/19/2022 11:30 AM

7. Name of the agent you met with:

Include the agent's first and last name.

8. Agent's business card or contact information:

If you obtained a business card, please type in any information from the card, including the agent's name, title, contact information, etc., AND upload a copy of it. If you did not obtain a business card, enter any contact information you have for the agent (e.g., phone number, mailing address, email address, etc.).

9. Which scenario did you present?

Scenarios for this project change twice per year. Please see the shop instructions for the current required scenario.

- Aging-in/turning 65
 N/A – the meeting did not occur
 On Medicare, shopping for new coverage

10. Where/how did you meet with the agent?

Select 'Virtual meeting' if the meeting took place using video conferencing software (Zoom, Skype, etc.).

- Home
 Public place

- Agent's office N/A – the meeting did not occur
 By phone
 Virtual meeting

11. If the meeting was in a public place, provide the location name AND address:

12. Did the agent arrive at the agreed upon appointment time?

- Yes, the agent was on time No, 10-20 minutes late
 No, less than 5 minutes late No, more than 20 minutes late
 No, 5-9 minutes late N/A – the meeting did not occur

13. If the agent was late, did they call to let you know they would be late?

- Yes N/A
 No

14. If the agent was late, what was the reason they provided for being late?

15. Did the agent introduce him/herself as a licensed insurance agent/producer?

- Yes N/A – the meeting did not occur
 No

16. How long did the meeting last?

Presentation

17. Did the agent use a company specific presentation booklet or pre-enrollment kit to present the plan material?

- Answer Yes if the agent used a branded company booklet to present the plan.
- Answer No if the agent did not use a branded company booklet to present the plan.

- Yes N/A – phone or virtual meeting
 No N/A – the meeting did not occur

18. What material did the agent share or use during the presentation?

Include the title or a description of the material. If no material was shared or used to present the plan information, please state that.

19. Did the agent leave an enrollment kit with you or send you one via email?

- Yes N/A – the meeting did not occur
 No

20. Did the agent ask questions to determine if a Medicare Supplement or Medicare Advantage plan would suit your healthcare coverage needs?

- Yes N/A – the meeting did not occur
 No

21. Which product(s) were discussed/recommended during your meeting?

Select all that apply. A Medicare Advantage plan may include prescription drug, vision, and/or dental coverage as part of the plan. Only select the 'Prescription Drug Plan', 'Vision Plan', or 'Dental Plan' options if a standalone prescription drug, vision, or dental plan was recommended.

- Medicare Advantage Plan (may include prescription drug, dental, and/or vision coverage as part of the plan) Prescription Drug Plan (standalone plan)
 Medicare Supplement Plan Dental Plan (standalone plan)
 Vision Plan (standalone plan)

Critical Illness Plan, Hospital Indemnity Plan, or other health coverage (**standalone plans**)

N/A – the meeting did not occur

22. List the companies and plans the agent discussed/recommended:

List the company (insurance carrier), plan type, and specific plan name (if known) for each selection you made in the previous question.

23. When discussing a Medicare Supplement or Medicare Advantage plan, did the agent explain whether you will still have Original Medicare and whether you can use your Original Medicare card?

The agent stated that I would no longer be able to use my Original Medicare benefits and Original Medicare card

The agent led me to believe that I can continue to use my Original Medicare card and benefits

The agent did not discuss whether I can use my Original Medicare card or the status of my Original Medicare benefits

N/A – no Medicare Supplement or Medicare Advantage plan was discussed

N/A – the meeting did not occur

24. Specifically, what did the agent say about your Original Medicare benefits?

25. Did the agent explain that you may enroll only at certain times of the year or as an exception for special circumstances?

Answer based on the plan that was discussed with you.

Yes

No

N/A – did not mention changing plans

N/A – the meeting did not occur

26. Was prescription drug coverage presented at the meeting?

Yes

No

N/A – the meeting did not occur

27. Did the agent mention how much members might pay for their prescription drugs by discussing copay, coinsurance, tiers, etc.?

Yes

No

N/A – prescription drug coverage was not discussed

N/A – the meeting did not occur

28. Describe what was said about prescription drug coverage:

29. Which of the following company specific limitations and exclusions or cost sharing topics did the agent discuss?

Select all that apply.

Provider network

Enrollment and disenrollment process

Enrollment periods

Some services are not covered for certain people

Some services may require you to pay a copayment

N/A – none of these

N/A – the meeting did not occur

30. Which of the following did the agent ask you about?

If you have Medicare Parts A and B

If you live in the service area

Both of the above

Neither of the above

N/A – the meeting did not occur

31. Did the agent explain any services for which you would be responsible to pay a premium or

copay?

Answer Yes if the agent explained your premium and/or copay costs (\$0 or another amount).

- Yes N/A – the meeting did not occur
 No

32. If yes, for which products did the agent say you would be responsible for a premium or copay?

Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Primary care physician office visit | <input type="checkbox"/> Outpatient surgery |
| <input type="checkbox"/> Specialist physician office visit | <input type="checkbox"/> Skilled nursing facility |
| <input type="checkbox"/> Urgent care | <input type="checkbox"/> Durable medical equipment |
| <input type="checkbox"/> Emergency care | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Outpatient rehabilitation services | |

33. Did the agent provide you with a company specific summary of benefits brochure?

The brochure should list the plan's details and benefits. This may be emailed to you or given to you in person.

- Yes N/A – the meeting did not occur
 No

Compliance**34. Was a Scope of Appointment (SOA) completed prior to the appointment or prior to the plan discussion taking place?**

See the shop instructions for the definition and a sample of an SOA.

- | | |
|---|---|
| <input type="checkbox"/> A Scope of Appointment was completed 48 hours or more prior to the appointment | <input type="checkbox"/> A Scope of Appointment was completed at the end of or after the meeting |
| <input type="checkbox"/> A Scope of Appointment was completed less than 48 hours prior to the appointment | <input type="checkbox"/> A Scope of Appointment was not provided (none of the above scenarios occurred) |
| <input type="checkbox"/> A Scope of Appointment was completed at the beginning of the appointment | <input type="checkbox"/> N/A – the meeting did not occur |

35. Date/time Scope of Appointment (SOA) was completed:**36. Describe what was said about the Scope of Appointment (SOA) and how it was collected:****37. Were all the product types discussed noted in the Scope of Appointment (SOA)?**

- *Answer Yes if the SOA included all the product types discussed with you at the meeting.*
- *Answer No if the SOA did not include one or more products that were discussed with you at the meeting.*

- Yes N/A – Scope of Appointment not completed
 No N/A – the meeting did not occur

38. If no, list the product(s) discussed with you that were not noted in the Scope of Appointment:**39. During the appointment, did the agent present non-Medicare/non-health product(s) that were not noted in the Scope of Appointment (SOA)?**

Examples of non-Medicare/non-health products include life insurance, annuities, or other financial services.

- No N/A – Scope of Appointment not completed
 Yes N/A – the meeting did not occur

40. Clearly describe any non-Medicare/non-health product(s) the agent presented:

List any non-Medicare or non-health products the agent presented, regardless of whether an SOA was completed or they were on the SOA. If non-Medicare and non-health products were not presented, enter N/A.

41. Did the agent offer a price breakdown for each product that was discussed/recommended?

Yes

N/A – the meeting did not occur

No

42. If yes, list the products and prices that were discussed:

43. List the title of every document or piece of marketing material provided to you for this appointment:

Upload a copy of the front cover of each piece of marketing material (or quote) provided. The marketing material (or quote) may be emailed to you or given to you in person. Enter N/A if no written material was provided to you.

44. Was the CMS marketing material identification number present on all Medicare Advantage and Medicare Part D materials issued at the appointment?

Applies to Medicare Advantage and Prescription Drug plan materials only (not Medicare Supplement/Medigap plans). Material that describes plan benefits, premiums, or cost sharing must have an approval number. Check the front and back cover and inside pages for the number. Example; Y0097_1234 Accepted, Y0097_5678 Approved or NS_1234.

Yes

N/A – no marketing materials were issued

No

N/A – the meeting did not occur

N/A – no Medicare Advantage or Medicare Part D materials were issued

45. If no, list the title of the document(s) that did not have the CMS marketing material ID present:

Upload a copy of the front cover of any material that does not have the CMS marketing number.

46. Was it clear the agent represents a company providing a Medicare Supplement Plan, Medicare Advantage Plan, or Prescription Drug Plan, not Medicare or the government?

It was clear the agent works for a company providing Medicare Advantage Plans, Prescription Drug Plans, or Medicare Supplement Insurance

It was stated or implied the agent works for Medicare or the government

It was not clear who the agent works for

N/A – the meeting did not occur

47. Record the exact agent statement or circumstances including the phrase or comment where the agent stated or implied that he/she works for the government or Medicare:

48. Did the agent offer you any gift(s)?

Yes

N/A – the meeting did not occur

No

49. If yes, describe the gift(s) provided and what you were required to do to receive the gift(s), if anything:

50. If a gift(s) was provided, what would you estimate the total value of the gift(s) to be?

Less than \$15

N/A

More than \$15

51. Did the agent make any absolute statements about their plan (for example, this plan is "the best", "free", "the highest rated", or "provides more than any other plan")?

Yes, absolute statements were made

N/A – the meeting did not occur

No, absolute statements were not made

52. If yes, record exactly the absolute statements made and/or the title of any marketing material in which you saw the statements:

53. If yes, in what context were the absolute marketing statements made?

- | | |
|---|---|
| <input type="checkbox"/> Part of the agent's statements | <input type="checkbox"/> The statement appeared or was made in some other way |
| <input type="checkbox"/> In response to my question | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Appeared in the presentation | |
| <input type="checkbox"/> Appeared in marketing materials provided | |

54. Did the agent do or say anything to pressure you to sign up, fill out an enrollment form, or make a decision?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A – the meeting did not occur |
| <input type="checkbox"/> No | |

55. If yes, record exactly what the agent did or said that made you feel pressured:

56. Did the agent do or say anything to pressure you to provide your Medicare ID card, Medicare ID number, or Social Security Number?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A – the meeting did not occur |
| <input type="checkbox"/> No | |

57. If yes, record exactly what the agent did or said that made you feel pressured:

58. Did the agent make inappropriate statements or use "scare tactics" to persuade you to enroll in their plan?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A – the meeting did not occur |
| <input type="checkbox"/> No | |

59. If yes, record the exact inappropriate statements that were made or scare tactics used by the agent:

60. Did the agent engage in any type of discriminatory behavior, such as asking you questions about your health status, race, religion, gender, etc.?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A – the meeting did not occur |
| <input type="checkbox"/> No | |

61. If yes, describe the discriminatory behaviors you feel the agent engaged in and why:

Consumer Experience

62. Did the agent react positively when you indicated you needed time to 'think about it' before making a decision?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A – the meeting did not occur |
| <input type="checkbox"/> No | |

63. If no, what did the agent tell you?

64. Did the agent present the information in a manner you could understand?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> N/A – the meeting did not occur |
| <input type="checkbox"/> No | |

65. If no, provide details on any information you found confusing:

66. Rate your overall impression of the agent:

- | | |
|---|--|
| <input type="checkbox"/> 10 – Excellent | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 1 – Poor |
| <input type="checkbox"/> 6 | <input type="checkbox"/> N/A – the meeting did not occur |
| <input type="checkbox"/> 5 | |

67. Based on your experience with the agent, how likely would you be to recommend HealthMarkets to a friend or family member?

- | | |
|--|--|
| <input type="checkbox"/> 10 – Extremely likely | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 0 – Not at all likely |
| <input type="checkbox"/> 5 | <input type="checkbox"/> N/A – the meeting did not occur |

68. Provide a very detailed summary of your meeting with the agent. Include specifics around the agent's demeanor, demonstrated expertise, consultative approach, etc. Include an overview of the entire meeting from start to finish.

Incomplete Shops

69. What was the date and time of your scheduled appointment with the agent?

Required format: 12/15/2022 2:20 PM. Enter N/A if the meeting occurred.

70. Where/how were you scheduled to meet with the agent?

If a public place, include the business name and address. Enter N/A if the meeting occurred.

71. How long did you wait for the agent?

Enter N/A if the meeting occurred.

72. Describe any effort you made to contact the agent during the time you waited:

Enter N/A if the meeting occurred.

73. What name did you give the agent when you scheduled the appointment?

Enter N/A if the meeting occurred.

END OF QUESTIONNAIRE