

Sales Seminar Reporting Template Instructions

All sales/marketing events must be sent to Coventry by the 27th of each month for events scheduled for the following month.

All amendments to sales/marketing events (cancellations, revisions, new events) must be updated to CMS within 48 hours; therefore, Coventry must receive immediate notification so information can be reported to CMS within required timeframe.

Submit all sales/marketing seminar information to Sales/Marketing Operational Compliance Department on the Sales Seminar Reporting Template through any of the following three methods:

- o Email - MedicareSemi@cvty.com
- o Fax - Agent Oversight: 1-724-741-4344 OR
Broker Services: 1-724-741-7285
- o Telephone - 1-866-714-9301

All agents (captive, independent, delegate) must provide the following required information when submitting events on the *Seminar Reporting Template*.

Required Information - Sales Seminar Reporting Template

- § List on line 3 - CMS contract number(s) of Coventry Medicare plan(s) to be sold during the event(s); OR list the actual product being promoted, i.e., HMO, PPO, Part D and which state product being sold in.
- § List on line 4 - how the event(s) will be advertised, i.e., newspaper, flyer.
- § Attest on line 6 - that a draft copy of marketing material(s) for the event(s) being submitted has been sent to marketing.medicare@cvty.com for advance review and approval as required by Coventry and CMS. (Each marketing submission when sent to marketing.medicare@cvty.com must be sent with a Cover Submission Sheet which can be found on the Broker Portal.)
- § Contract Number - same information as requested on line 3 above (only one product can be listed per line - if unknown, leave blank and it will be filled in by Coventry)
- § Event Name - what event is being called (can be no more than 100 characters)
- § Event Date - (format: mm/dd/yyyy)
- § Event Time - only one time per line, it cannot show, i.e., 2 - 6; (format 01:30 PM)
- § Brokerage Firm/Agency Name
- § Venue Name - name of place where event will be held (can be no more than 100 characters)
- § Venue Phone Number - (format: 999-999-9999 x9999)
- § Venue Address 1 - can be no more than 50 characters
- § Venue Address 2 - only column that can be left blank
- § Venue City
- § Venue State - must use official State abbreviation (i.e., MD, PA, FL)
- § Venue Zip Code
- § Event Contact - name of person responsible for the event: agent/broker/plan rep
- § Contact Phone - number of person responsible for the event: agent/broker/plan rep (format: 999-999-9999 x9999)