

T65 Inbound Script Sample Guide

PREVIEW EDITION

T65 Inbound Script Framework — Professional Medicare Training Sample

This is a structured inbound Turning 65 call model designed to help agents sound calm, organized, and professional. The goal is not to memorize lines, but to follow a repeatable flow that builds trust and reduces mistakes.

This sample shows the structure used inside the full training system.

Section 1 – Opening Control

Purpose

Establish authority. Control the tone. Set expectations. Confirm intent.

Why This Matters

**Most new agents start calls reactively.
Professionals start calls intentionally.**

Script Example

Thank you for calling. My name is _____.

I specialize in helping individuals approaching Medicare eligibility understand how Medicare works and how different coverage pathways are structured.

Before we begin, today's conversation is educational. I will explain Medicare at a high level and ask a few structured questions, so I understand your situation. Specific plan options depend on your ZIP code, eligibility, and carrier guidelines.

Are you calling because you are turning 65 soon?

Birthday Month: _____

What prompted you to reach out today?

 The goal here is calm authority. No pressure. No selling. Just structure.

Section 2 – Enrollment Status Review

Purpose: Confirm timeline before discussing options.

Your Initial Enrollment Period is a seven-month window that begins three months before your birth month and ends three months after.

Have you already enrolled in Medicare Part A and Part B?

Receiving Social Security

- Yes
- No

Part A Enrolled

- Yes
- No

Part B Enrolled

- Yes
- No

Effective Dates

Document Part A and Part B effective dates carefully.

- Training Note:** Never rush past enrollment timing. Many compliance and coordination issues begin here. Inside the full training library, we break down: Initial Enrollment Period, Special Enrollment Period, Employer coordination scenarios, and Common timing mistakes agents make.

Section 3 – Current Coverage Discovery

Purpose: Understand what pays first before discussing plans.

Currently Working

- Yes
- No

Coverage Type

- Employer
- Spouse Employer
- Retiree
- COBRA
- VA
- Medicaid

Employer Size

- Under 20
- 20 or More
- Unsure

Notes

Document all coverage details clearly for coordination purposes.

Training Note: Employer size can change how coverage coordinates. Always document clearly and confirm with employer and upline guidance.

Section 4 – Health and Lifestyle

Why This Matters: You are not collecting this to sell. You are collecting this to structure the education discussion.

Primary Doctor

Document the client's primary care physician for network evaluation.

Specialists

Note any specialist relationships that may affect plan selection.

Travel Frequently

- Yes
- No

Prescription Medication Count

Record total number of current prescriptions.

Preferred Pharmacy

Document preferred pharmacy for formulary and network checks.

Section 5 – Financial Preference Framing

People generally prefer one of two cost structures.

Some prefer more predictable monthly costs.

Others prefer lower monthly premiums and paying as services are used.

Which feels more comfortable for you?

Predictable Monthly Costs

Higher monthly premium with more consistent, predictable out-of-pocket exposure throughout the year.

Lower Monthly Premiums

Lower or no monthly premium with costs incurred as services are used throughout the year.

Response Notes: Document the client's stated preference clearly before moving to coverage pathway education.

Training Note: This question positions both coverage pathways without bias.

Section 6 – Coverage Pathway Education

Professional Standard: Present both neutrally. Allow the client to evaluate structure.

Path One – Original Medicare

- Part A and Part B structure
- Optional Part D
- Supplemental coverage concept
- No built-in annual out-of-pocket maximum unless additional coverage is added

Path Two – Medicare Advantage

- Bundled Part A and Part B
- Often includes Part D
- Network structure
- Annual maximum out-of-pocket

Section 7 – Permission Transition

Based on what you shared, would you like to review how plans in your ZIP code are structured so you can compare these pathways side by side?

This sample shows only the core structure. Inside the full membership system, you receive:



Complete Objection Modules

Structured responses to common client objections during the call.



Employer Coordination Scripts

Scripts for navigating employer coverage coordination scenarios.



Enrollment Confirmation Scripts

Step-by-step confirmation frameworks for enrollment calls.

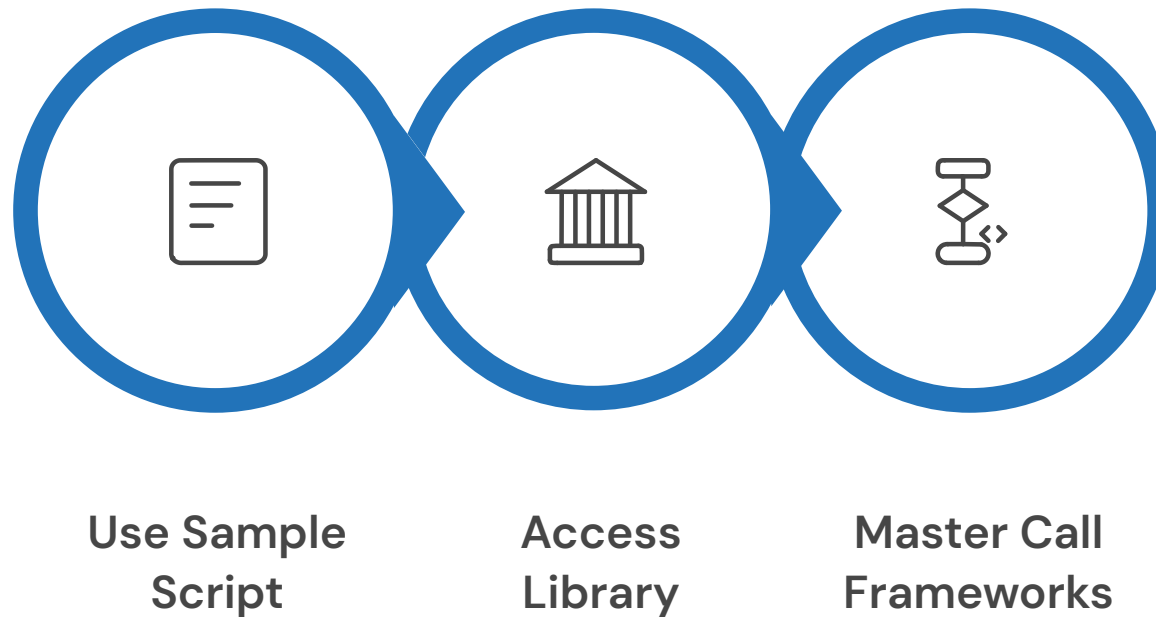


Follow-Up Systems

Documentation checklists and practice drills for ongoing improvement.

Full Training Library Access

If you want structured call frameworks instead of guessing during conversations, the full training library is available inside the membership platform.



The full membership system provides everything needed to move from reactive conversations to intentional, professional call management — including objection modules, employer coordination scripts, enrollment confirmation scripts, follow-up systems, documentation checklists, and practice drills.

Important Disclosures

FOR LEARNING PURPOSES ONLY

Educational Purpose

This material provides educational training support and structured conversation examples for insurance agents.

Not a Certification Program

This platform is not a certification program and does not provide compliance, legal, or regulatory instruction. No plan recommendations or carrier endorsements are provided.

Agent Responsibility

Agents must follow all applicable CMS guidelines, carrier requirements, state regulations, and guidance from their upline or compliance department.

- ❏ **Reminder:** This sample shows the structure used inside the full training system. The goal is not to memorize lines, but to follow a repeatable flow that builds trust and reduces mistakes.