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## Innovative Financial Group Agency Expectations

At Innovative Financial Group (IFG), we believe strong partnerships are built on trust, clarity, and shared success. As your upline Third Party Marketing Organization (TPMO), our goal is to provide not just oversight, but support. This guide is designed to help you, and your agency feel confident navigating compliance expectations while running your business effectively.

We understand that regulations around Medicare and other products can be complex. That is why this resource outlines key expectations, practical guidance, and best practices to support you in staying aligned with federal, state, and carrier requirements. While this guide is not a substitute for legal advice, it serves as a helpful reference point for common compliance areas and operating standards.

Our commitment is to walk alongside you, offering tools and guidance that strengthen your operations and protect the integrity of our shared work. Please note that each agency and agent remain responsible for ensuring compliance with all applicable laws and regulations, including but not limited to CMS, state insurance departments, and carrier guidelines.

Together, we can uphold a culture of excellence, integrity, and service across every market we touch.

### **Compliance References and Standards**

This guide is designed to help your agency stay aligned with IFG expectations and Medicare requirements while growing your business confidently and compliantly. The references below represent commonly enforced guidelines from federal agencies and carriers. They are not exhaustive, but they help clarify the framework under which we all operate.

#### **Understanding these sources allows you to:**

- Respond to carrier or CMS requests with confidence
- Avoid costly compliance missteps

- Build internal policies that mirror regulatory and carrier requirements
- Protect your agents and ensure continued eligibility to sell

**Key sources include:**

- Code of Federal Regulations (CFR): 42 CFR § 422.2260 – § 422.2274 and § 423.2260 – § 423.2276
- **Medicare Manuals:** Chapter 2 of the Medicare Managed Care Manual and Chapter 3 of the Medicare Prescription Drug Benefit Manual
- **CMS Guidance:** Memos, notices, and interim sub-regulatory guidance issued by the Centers for Medicare & Medicaid Services (CMS)
- Federal and State Laws: Including requirements from the FTC, FCC, HIPAA, and other governing agencies.

If you're unsure how a regulation applies to your business, we encourage you to consult with your legal or compliance advisor—or reach out to us for clarification. We're here to support you.

The above is not an exhaustive list. It is the responsibility of the agency or agent to ensure all applicable rules and regulations are followed by their organization, their sales agents, employees, downline sales agencies, and lead vendors. Through this guide, IFG aims to foster a culture of compliance across all TPMOs, encouraging responsible practices that enhance consumer trust and promote informed decision-making. Our goal is to help you get the information you need, without expecting you to be an expert in every regulation. We encourage all TPMOs to review the guidance and expectations provided here and seek additional clarification or support from the IFG Compliance team when needed to stay fully compliant.

Thank you for your continued dedication to compliance. Please review and reference this document. If you have any questions about the information in this guide regarding agency/agent expectations, please reach out to us at [compliance@teamifg.com](mailto:compliance@teamifg.com). We are here to support you.

## Downline Expectations for Policy and Procedure Requirements

As part of our shared commitment to compliance, IFG understands that maintaining internal policies and procedures that align with carrier requirements, CMS guidance, and all applicable federal and state laws establishes compliance standards. These internal policies help support consistent practices, reduce risk, and ensure your agency is well-positioned to meet regulatory expectations outlined in your agreement with IFG.

While IFG provides tools and guidance, it's important for each agency to tailor their own procedures to reflect on how they manage day-to-day operations, training, quality, documentation, and oversight. IFG expects that all downline agencies have their own established policy and procedures that at a minimum include those day-to-day operations, including training, quality, oversight and documentation.

If you need help identifying what should be included in your internal policies or would like examples to get started, IFG is here to support you, please reach out to IFG Compliance team.

## Downline Expectations for Agency Representatives, Principal Agents and Applicable Agencies

Each IFG partner agency is responsible for ensuring that all contracted agents complete background checks in accordance with contractual requirements. IFG reserves the right to review the qualifications and backgrounds of these individuals at any time.

Partner agencies must also confirm that any licensed insurance sales agents they employ or contract, [including both producing and non-producing principal agents](#), are properly licensed in [all applicable states](#) to sell the applicable products and perform services in all required states or jurisdictions. In addition, all agents must complete the necessary training and pass any required certifications before providing services.

Carriers require all agents—as well as any support staff or contractors—to complete ethics and compliance training specific to the carriers they represent. IFG partner agencies are expected to retain documentation confirming completion of this training and, if requested, provide IFG or the carrier with materials such as training records, attendance logs, and training dates.

We view these expectations as part of our shared commitment to professionalism and integrity, and we're here to assist if questions arise. If you have any questions about the information in this section regarding agency/agent expectations, please reach out to us at [compliance@teamifg.com](mailto:compliance@teamifg.com). We are here to support you.

## Downline Expectations for Marketing and Lead Source Approvals

To support you in staying compliant and confident with your outreach efforts, all Medicare-related lead sources, [including communication materials](#) and marketing materials, whether created by your agency, agents or contracted vendor, must be submitted to IFG before use. You can submit materials using the form located [IFG Marketing Submission Intake](#).

Our Marketing and Oversight team is here to help you get materials approved, ensure they meet CMS and carrier requirements, and filed with CMS with carrier opt ins when required. We also offer additional tools and guidance designed to help IFG partner agencies navigate CMS and carrier marketing standards. These resources can be found at [Marketing and communication Guide.pdf](#).

If you have questions about how to submit materials, or what requires approval, please contact us anytime at [IFGMarketingOversight@teamifg.com](mailto:IFGMarketingOversight@teamifg.com).

As part of CMS and carrier requirements, IFG may ask for documentation related to a consumer's enrollment. This includes how the consumer heard about your services and how they asked to be contacted. We ask partner agencies to work with their vendors to ensure this information can be provided within 48 hours of request. [Agencies should ensure that they have access to all chain of enrollment documentation even after the agency terminates their relationship with their lead generation vendor.](#)

## Telephonic Scripts

Health plan carriers and CMS require all telephonic scripts to be reviewed and filed with CMS before they are used. IFG is here to partner with you to make sure this process is simple and compliant.

While providing telephonic services under your agreement, IFG partner agencies and their licensed agents must use scripts that have been either provided or approved in writing by IFG. This includes any scripts used by screeners, fronters, or other team members who engage with consumers by telephone. [IFG will obtain script approvals from the carriers and file with CMS.](#)

If you need to make any changes to an approved script, please submit the updated version to IFG for review and written approval before use. This helps protect both your agency and IFG while ensuring full alignment with CMS and carrier expectations.

For questions or support with script submissions or modifications, please contact the IFG Marketing and Oversight team at [IFGMarketingOversight@teamifg.com](mailto:IFGMarketingOversight@teamifg.com).

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## Websites

If your agency uses a [consumer-facing](#) website to market Medicare-related products, it must also be reviewed and approved by carriers before it goes live or is promoted to consumers. This includes landing pages, microsites, or third-party vendor-hosted platforms.

IFG's Marketing and Oversight team will partner with you to ensure your website meets CMS and carrier standards, helping you avoid compliance issues and deliver professional experience to your audience.

To submit your website for review or ask questions, please use the standard material submission form or email [IFGMarketingOversight@teamifg.com](mailto:IFGMarketingOversight@teamifg.com) for direct support.

## Downline Compliance Expectations for Fronter Agent Activities and Prohibition of Dual/Two-Step Enrollments

To ensure compliance with carrier contracts, CMS requirements, and IFG standards, fronter (screener) agents must limit their activities to the following responsibilities:

- Opening the call/introduction
- Providing the Third-Party Marketing Organization (TPMO) disclosures
- Confirming the Transfer of Service Authorization (TSOA)
- Gathering beneficiary name and demographics
- Confirming Medicare eligibility for Part A and B
- Asking for existing coverage
- Connecting to a licensed, carrier-certified sales agent who will adhere to the full IFG Multiplan Script throughout the enrollment process.

Fronter agents are not permitted to discuss members' needs, plan details, benefits, or conduct any sales activities. These functions may only be performed by licensed, carrier-certified sales agents. Failure to

follow any approved frontier scripting may be considered participating in a dual/two-step enrollment, which is strictly prohibited for all agents.

**Important: All frontier scripts must be submitted to IFG for carrier approval prior to use.**

To ensure regulatory alignment and protect beneficiaries, the following guidelines apply when engaging with consumers:

- Agents must be actively licensed in the state of sale and properly certified with the carrier offering the plan.
- Agents who are *not* licensed or certified are prohibited from conducting NEADS assessments or engaging in benefit discussions with consumers.
- **Agents may not participate in dual/two-step enrollments.**
- Effective March 13, 2026, agencies found conducting dual/two-step enrollments outside of IFG's expectations will be subject to immediate corrective action, up to and including termination.

## Downline Expectations for Subcontractors, Approvals and Oversight

IFG partner agencies are asked to seek written approval from IFG before subcontracting or delegating any part of their services. This helps ensure transparency, alignment with carrier requirements, and protection for both the agency and IFG.

If you plan to bring on a subcontractor, please contact your **Regional Sales Manager (RSM)**. IFG will review the request and provide guidance on the next steps.

Once approved, the agency is responsible for ensuring the subcontractor agrees in writing to follow the terms outlined in your Master Services Agreement (MSA), Statement of Work (SOW), and any other related compliance requirements. This includes maintaining proper oversight and accountability for any services performed on your behalf.

If a subcontractor relationship ends, please notify your IFG Regional Sales Manager (RSM) promptly so we can update our records and meet our monthly carrier reporting obligations.

For questions or support, please reach out to your RSM or contact the IFG Compliance team directly.

## Downline Expectations for Monitoring and Oversight of Subcontractors, Agency Representatives, Principal Agents and Applicable Agencies-Ready to Sell and Call Quality

IFG partner agencies are responsible for ensuring that all agents, including both producing and non-producing principal agents, are properly licensed in all applicable states, certified, and appointed with each carrier before they sell or discuss Medicare products with consumers. Agents may not engage in any conversations related to plan benefits unless they hold a valid state license, have completed all required certifications, and have been formally appointed by the carrier. **Additionally, all producing and non-producing principal agents must be properly licensed in all applicable states, certified and appointed with**

each carrier for which the principal agent and downline agents and agencies actively engage in Medicare sales.

Agencies conducting telephonic sales are also expected to conduct monthly call quality audits to review agent interactions for compliance, accuracy, and professionalism. Identifying and correcting trends in non-compliant behavior is essential. Any recurring issues or concerns should be promptly addressed and reported to IFG at [compliance@teamifg.com](mailto:compliance@teamifg.com). This level of oversight reinforces our shared commitment to accountability and consumer protection. The call quality audits and agent coaching details are to be maintained and provided upon IFG or carrier request.

IFG Sales Integrity conducts oversight and monitoring activities to ensure compliance with applicable Federal standards. These oversight and monitoring activities will include call quality assurance audits. IFG will require agencies to submit enrollment calls only to support these audits.

An artificial intelligence (AI) tool will be used to support Compliance audits of enrollment calls to evaluate that sales agents use the approved telephonic sales and enrollment script and address all required elements. The AI tool will assist in scoring calls, including whether the call followed the approved script, including the required statements and attestations, and met applicable enrollment call requirements.

Audit results will be used to identify opportunities for additional agent training, coaching, or other corrective action, as appropriate. The IFG Compliance team will also validate AI-generated audit results, when appropriate, to confirm that each enrollment call was accurately reviewed and properly scored.

If you have any questions about the information in **this section** regarding agency/agent expectations, for Ready to Sell or Call Quality please reach out to us at [compliance@teamifg.com](mailto:compliance@teamifg.com).

## Downline Expectations for Investigations and Complaints, and Corrective Actions

IFG may request that a partner agency conduct an internal investigation into any complaint or concern involving its agents, employees, or representatives if there is reason to believe that a breach of applicable laws, carrier requirements, or contractual terms may have occurred.

When requested, the agency is expected to begin the investigation promptly and provide documented findings to IFG [within the established timeframe and by the designated due date](#).

Once the carrier's investigation has been completed, the agency is responsible for implementing and administering any assigned corrective actions within the required timeframe. This could include coaching, verbal/written warnings, and agent completion of specific training modules applicable to the identified compliance concern(s).

Please do not contact or attempt to speak directly with the entity who submitted the complaint. This helps protect the integrity of the investigation and ensures compliance with CMS and carrier protocols. IFG will handle all member-facing communication and coordinate next steps based on the findings shared. Our goal is to resolve issues efficiently and professionally while maintaining trust with both consumers and

our partners.

If you have any questions about the information in **this section** regarding agency/agent expectations, regarding investigations and complaints, please reach out to us at [compliance@teamifg.com](mailto:compliance@teamifg.com).

## Downline Expectations for Locations of Services

IFG partner agencies may only provide services at physical locations that have been approved in writing by IFG and outlined in the agency's Statement of Work (SOW). To protect consumers and maintain compliance with regulatory requirements, no services—including customer service, prescreening, or frontier calls—may be conducted outside of the United States. Additionally, agencies may not use employees or contractors located outside the U.S. to perform any services unless IFG has provided prior written approval.

If offshore support is approved, the partner agency is responsible for ensuring the offshore entity fully complies with all applicable laws, contractual terms, and requirements in the SOW. This includes maintaining oversight and proper safeguards to protect consumer information.

If you are considering offering offshore support, please reach out to your RSM or IFG Compliance for guidance and pre-approval.

If you have any questions about the information in **this section** regarding agency/agent expectations, regarding the locations of services, please reach out to your RSM or to the Compliance team at [compliance@teamifg.com](mailto:compliance@teamifg.com).

## Downline Expectations for Safeguarding Customer and Business Information

IFG partner agencies are expected to maintain reasonable and effective safeguards to protect all business and customer information. This includes implementing physical, administrative, technical, and organizational measures that align with applicable laws, industry best practices, and the requirements outlined in the Statement of Work (SOW).

Agencies must ensure the confidentiality, security, and integrity of all sensitive data—including Personally Identifiable Information (PII) and Protected Health Information (PHI) of Medicare beneficiaries. This applies to all business operations, including call recordings, customer databases, lead sources, and communications platforms.

These safeguards should:

- Prevent unauthorized access, use, or disclosure
- Address potential threats to the integrity and availability of data
- Include regular compliance reviews and risk assessments

If a data breach occurs or sensitive information is improperly accessed, used, or shared, the agency is required to immediately notify IFG at [Compliance@teamifg.com](mailto:Compliance@teamifg.com) and all impacted carrier(s). Prompt notification ensures timely response, regulatory compliance, and appropriate next steps to protect consumers and mitigate risk.

For questions about data protection standards or breach procedures, please contact the IFG Compliance team.

## **Downline Expectations for Partnering for Compliance with Applicable Laws**

At IFG, we are committed to working alongside you to uphold the highest standards of integrity, professionalism, and compliance. As part of that partnership, we ask all partner agencies and agents to follow all applicable federal, state, and local laws related to the marketing and sale of insurance products.

This includes:

- Maintaining proper licensing and following CMS guidelines for Medicare plans
- Avoiding unfair or deceptive practices
- Protecting personally identifiable information (PII) and protected health information (PHI) in accordance with HIPAA and TCPA
- Following telemarketing laws, including “do not call” requirements and state-specific regulations

Each partner agency establishes internal processes that ensure compliance, especially in areas related to consumer protection, documentation, and communication practices. If your agency provides services that involve marketing, administration, sale, or delivery of Medicare Parts C or D benefits, full adherence to your Medicare Products Regulatory Addendum is required. When your services involve access to PHI, a business associate agreement may be required and will be mutually agreed upon when applicable. For questions about partnering for compliance with applicable laws, please contact the IFG Compliance team.

## **Downline Expectations for Call Recording Requirements**

As part of maintaining compliance with CMS and carrier expectations, IFG partner agencies are required to record all telephone calls with prospective Medicare consumers. This includes calls made by screeners, fronters, or any other representatives engaging with beneficiaries. These recordings must be retained according to record retention regulations and should be readily accessible if requested. Agencies must be prepared to provide specific call recordings within 48 hours—and in some cases, within 24 hours.

Please ensure that both your internal team and any vendors you work with have systems in place to quickly locate, retrieve, and securely share call recordings. When a request is made, IFG will provide upload instructions via a secure FTP site or an alternate approved method. Prompt access to call recordings supports our shared compliance responsibilities and helps address any inquiries in a timely, transparent manner. We appreciate your ongoing partnership and commitment to quality and accountability. If you need clarification or support with compliance expectations or call recording procedures, we are here to help.

## **Downline Expectations for Records Retention**

IFG partner agencies are expected to maintain accurate records of all transactions related to their

agreement with IFG. These records must be kept for at least ten (10) years, or for the duration of any insurance policy sold under the agreement or applicable Statement of Work (SOW), plus an additional seven (7) years.

Records should be organized and readily accessible and must be made available for review or copying by IFG or the applicable carrier upon request.

This includes, but is not limited to:

- Call recordings related to Medicare sales or services, to include lead records and permission to contact
  - Effective 10/1/2026, as per 42 CFR § 422.2274(g)(2) and 42 CFR § 423.2274(g)(2), the record retention requirement for chain of enrollment calls will change from ten years to six years. Marketing and sales call records shall be retained using both audio recordings and transcripts. Records shall be maintained in audio format for the first three years of the six-year period, and records shall be maintained using either audio format or as complete and accurate transcript recordings for the last three years of the six-year period.
- Executed SOWs and related contractual documents
- Transaction logs and enrollment records
- Required filings or communications with regulatory agencies related to services provided under the agreement

These records also include training completion documents, evidence of screenings for OIG and SAM, documentation of compliance issues or any fraud, waste, and abuse (FWA), financial statements, Federal income tax returns for the current year and the past ten years, contracts, marketing agreements, financial reports for federal or state programs, compliance documents for protecting personal health information, records of computer and electronic systems, information on telephonic enrollments including lead source details, and records of enrollments and disenrollments. It is essential to maintain these records to allow for regular audits of financial documents, enabling CMS or other authorities to assess the quality and appropriateness of services provided. Additionally, CMS or other authorities have the right to inspect and audit the organization if there are concerns about fraud or similar issues.

Maintaining these records helps ensure regulatory compliance and supports prompt responses to audits, inquiries, or reporting needs.

## Downline Expectations for Interpreter and Accessibility Services

IFG and our partner agencies are committed to ensuring all clients—regardless of language, hearing ability, or other accessibility needs—have equal access to healthcare services and a positive enrollment experience.

Partner agencies and agents must ensure effective communication throughout the sales and enrollment process. This includes offering interpreter services for clients who speak a language other than English or who are hearing impaired. Agencies should also provide access to TTY (TeleTYpewriter) services when requested.

Agents are responsible for arranging appropriate interpreter services, such as spoken language or sign language interpreters, when notified in advance. If an agent is not made aware of this need prior to the appointment and is unable to accommodate the request, the appointment should be rescheduled for a

time when the appropriate support can be provided.

IFG is here to support you in delivering inclusive, compliant service. For questions or help coordinating accessibility solutions, please contact your IFG representative.

## Downline Expectations for Agency Oversight for Fraud Waste and Abuse

At IFG, maintaining integrity, accountability, and compliance is central to how we do business. Preventing fraud, waste, and abuse (FWA) is a shared responsibility across our partner agencies.

Understanding the definitions is key:

- Fraud is the intentional misrepresentation or deception for unauthorized benefit
- Waste is the misuse or overuse of services or resources that results in avoidable costs
- Abuse involves practices that are inconsistent with accepted standards and lead to unnecessary expenses

IFG partner agencies are expected to have policies and processes in place to identify, prevent, and report FWA. This includes:

- Encouraging agents and employees to report suspected FWA through confidential, non-retaliatory channels
- Reporting any suspected FWA to IFG or the appropriate carrier
- Providing regular training to help staff recognize, prevent, and report FWA
- Communicating FWA policies clearly across the organization
- Conducting routine monitoring and internal audits to detect potential issues
- Taking consistent and documented disciplinary action when violations occur

Agencies are also expected to cooperate fully with IFG, carriers, and regulatory bodies during any investigation. Periodic reviews and updates of your agency's FWA policies are encouraged to ensure they stay relevant and effective in addressing new risks.

By working together to foster a culture of transparency and accountability, we can reduce risk, protect consumers, and ensure full compliance with all applicable laws and regulations.

For questions about downline expectations for fraud, waste and abuse, please contact the IFG Compliance team at [compliance@teamifg.com](mailto:compliance@teamifg.com).

## Downline Expectations for Non-Retaliation Practices

IFG is committed to creating a culture where individuals feel safe to speak up. We do not tolerate any form of intimidation or retaliation against anyone who, in good faith, reports a concern or participates in an investigation.

This protection applies to a wide range of activities, including:

- Reporting potential violations or concerns
- Participating in audits, evaluations, or investigations
- Taking part in corrective or remedial actions
- Communicating findings or raising ethical questions

If you suspect a violation of ethical standards, laws, or regulations, you can report your concern confidently, knowing you will not face any negative consequences for doing so.

This commitment extends to all IFG partner agencies, their employees, and agents. Upholding a culture of openness and accountability is essential to protecting our clients, our business, and our shared reputation.

Your voice matters. We encourage you to raise concerns and ask questions—because doing the right thing is everyone’s responsibility, and it starts with trust.

If you have any questions about the information in **this section** regarding agency/agent expectations, regarding non-retaliation practices, please reach out to the Compliance team at [compliance@teamifg.com](mailto:compliance@teamifg.com).

## Downline Expectations for Ineligible Persons and Entities Screening

To maintain compliance with federal and state regulations, IFG conducts routine screening to ensure that no individuals or entities engaged in IFG-related services are excluded from participation in government programs.

This screening is performed:

- Prior to hire, rehire, or contract execution
- Monthly for all active associates, contractors, interns, volunteers, and applicable business partners

The screening includes, but is not limited to, the following databases:

- General Services Administration (GSA) System for Award Management (SAM)
- U.S. Department of Health & Human Services (Medicare Opt-Out List and Preclusion List)
- Office of Inspector General (OIG) List of Excluded Individuals and Entities
- State Medicaid Exclusion Lists
- Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) and non-SDN Lists

IFG partner agencies are expected to support this requirement by disclosing if they, or any of their agents or employees, have ever been excluded or debarred from participating in federal or state programs. Individuals or entities found to be on any exclusion list will not be eligible to contract with or provide services through IFG.

Any matches identified through ongoing screening will be reviewed immediately, and appropriate action, including potential termination of the contract or agreement, will be taken to remain in compliance with program standards.

If you have questions or need clarification about this requirement, please reach out to the IFG Compliance team.

## Downline Expectations for Training Program Expectations for Partner Agencies

To help ensure compliant, effective, and ethical sales and marketing practices, IFG partner agencies are to maintain a documented training program for agents and staff. This program should cover key regulatory

standards and equip your team with the knowledge and skills needed to serve Medicare beneficiaries confidently and compliantly.

Recommended components include:

CMS marketing guidelines and HIPAA compliance

- Digital marketing strategies and consumer engagement techniques
- Ethical marketing practices tailored to healthcare services
- Orientation and onboarding for new agents and staff
- Interactive workshops and role-play scenarios to build real-world readiness
- Ongoing training sessions to reflect regulatory updates and industry trends
- Assessments such as quizzes or feedback surveys to measure understanding and effectiveness

If this type of training is defined in your contract or required by a carrier, you are to ensure those standards are met and maintained. IFG is available to support you with templates, resources, or examples to help you strengthen your internal training program and promote a culture of compliance and continuous improvement.

## Downline Expectations for Disciplinary Reporting and Subcontractor Disclosure

IFG partner agencies are expected to submit monthly reports by the fifth (5<sup>th</sup>) business day of each month. The following information is required to be included in the monthly report.

- Third-party Marketing Organization (TPMO), Subcontractors, or Vendors:
  - Report any additions or removals of subcontractors/vendors engaged in lead generation, marketing, sales, or enrollment activities
- Downline Agency:
  - Report any changes to agencies contracted directly or indirectly with your organization.
- Agent and Agency Actions Taken:
  - Document actions taken regarding agents, brokers, or agencies involved in non-compliant activities (e.g., coaching, retraining, termination, warnings, credentialing issues.)
  - Specify the reason for each action, such as fraudulent enrollment, repeat offenses (Scope of Appointment issues, lack of permission to contact documentation, cross-selling, failure to record sales calls), or non-compliance with CMS marketing requirements (misleading information, cherry-picking, unsolicited contact).
- Call Quality Audits (For agencies providing Medicare services via telephonic channels):
  - Provide detailed reports of monthly call quality audits conducted using the IFG Call Quality Audit Tool and Reference Guide or AI call quality report.
  - Include scores, identified deficiencies, and actions taken per agent (e.g., coaching, corrective action, retraining).
- Call Quality Summary (For agencies providing Medicare services via telephonic channels):
  - Summarize outcomes of Call Quality Audits completed, as stated above:
    - Total QA Audits Completed
    - Total Calls under 80% Threshold

- Agency overall QA Monthly Score
  - Total Number of Coachings Performed
  - Total Calls of Concern, egregious or non-compliant behavior
- Call Center Metrics (For agencies providing Medicare services via telephonic channels):
  - Total inbound calls answered
  - Total seconds to answer calls
  - Total seconds on hold
  - Total disconnected calls (specify if all calls are included, Y/N)
  - Total outbound calls made
  - Total calls transferred for translation
  - Total seconds to transfer for translation
- Required Call Center Metrics Calculations (Based on CMS Regulations and calculated using the data collected):
  - Average hold time before reaching a live person (limit: 2 minutes)
  - Percentage of incoming calls answered within 30 seconds (target: 80%)
  - Average disconnect rate for incoming calls (limit: 5%)

This ongoing reporting helps maintain transparency and reinforces our shared commitment to ethical conduct and regulatory compliance.

In addition, agencies must regularly disclose any subcontracted relationships involved in marketing, lead generation, or enrollment activities. Keeping IFG informed of these partnerships ensures that all individuals and entities representing Medicare products operate in accordance with CMS, carriers, and IFG standards.

If a partner agency terminates an agent for cause, particularly for reasons involving compliance, ethics violations, or beneficiary impact—they are required to notify IFG immediately. Timely reporting helps IFG maintain accurate records and fulfill its obligations to carriers.

To report a termination for cause:

- Complete the Agent Termination Notification Form
- Email the completed form to [MAPD@teamifg.com](mailto:MAPD@teamifg.com) and copy [Compliance@teamifg.com](mailto:Compliance@teamifg.com) with “Termination for Cause” in the subject line

If you have questions about what constitutes a reportable offense or need help with the process, please contact the IFG Compliance team. We are here to support you in upholding our shared commitment to transparency and accountability.

If you need guidance on what to include in your report or how to structure subcontractor disclosures, the IFG Compliance team is available to support you.

## Downline Expectations for Telephone Consumer Protection Act (TCPA) Compliance

IFG partner agencies must comply with the Federal Communications Commission (FCC) rules under the Telephone Consumer Protection Act (TCPA), which governs how agencies communicate with beneficiaries

via phone, text, and fax.

To stay compliant, agencies are expected to:

- Honor opt-out requests within 10 business days for all phone calls and text messages
- Understand that when a beneficiary opts out of marketing texts, they must also be removed from informational call lists unless they have given express consent to continue receiving them
- Implement internal processes to monitor compliance with TCPA regulations and respond to requests in a timely and documented manner
- Stay informed about any regulatory changes or updates affecting outreach strategies

Do Not Call List (DNC) Requirements:

- Agencies must maintain an up-to-date internal Do Not Call list and routinely check it before initiating any outbound calls. Agents should be trained to identify and respect these flags, and any calls made to individuals who have opted out of communication may result in carrier or regulatory penalties.

Additionally:

- Do not initiate calls based on referrals without prior consent from the referred party
- Ensure all third-party vendors engaged in dialing or outreach follow the same compliance requirements
- Maintain documentation showing adherence to DNC suppression processes as part of your compliance audits.

By maintaining robust processes and responding swiftly to opt-out requests, agencies demonstrate their commitment to consumer rights, regulatory compliance, and IFG's brand of ethical engagement.

For questions about TCPA or DNC compliance expectations, please reach out to the IFG Compliance team.

## Downline Expectations for Conflict of Interest

Maintaining transparency and ethical decision-making is critical to the success of IFG partner agencies. A conflict of interest arises when an individual's personal relationships, interests, or outside activities have the potential to interfere with their professional responsibilities or objective judgment. Agencies and agents must disclose any potential conflicts to their designated compliance officer, particularly in cases where personal relationships could influence decisions related to hiring, contracting, or sales practices.

Partner agencies are expected to:

- Establish clear internal policies for identifying and disclosing conflicts of interest
- Provide ongoing training to help staff recognize and manage these situations appropriately
- Encourage open communication and proactive disclosure when uncertainty exists

Early reporting and proper documentation of potential conflicts can help mitigate risk and preserve trust with clients, carriers, and regulatory bodies.

If you or someone on your team is unsure whether a situation presents a conflict, we strongly encourage you to contact the IFG Compliance team for guidance and support. We're here to help you navigate questions with confidence and integrity.

## IFG Code of Conduct

Each year, IFG partner agencies must be recertified for Medicare Products and appointed with each carrier authorized by IFG. IFG will provide reasonable advance notice of Medicare Product availability, requirements, and updates to support timely compliance.

All IFG partner agents and agency representatives are expected to uphold the highest standards of conduct. The following principles outline the behaviors and expectations required to maintain compliance, professionalism, and ethical engagement across all sales and service activities. Downline agencies should cover the IFG Code of Conduct annually with all employees.

1. Act with professionalism, integrity, and respect toward consumers and IFG clients at all times.
2. Represent each carrier accurately and comply with all Federal, state, and carrier-specific regulations.
3. Conduct sales presentations based on the merits of the product without disparaging competitors.
4. Comply with Section 1557 of the Affordable Care Act by avoiding discrimination based on race, color, national origin, sex, age, or disability.
5. Do not discriminate based on health status and maintain HIPAA-compliant confidentiality of all personal information.
6. Fully comply with HIPAA regulations and privacy standards.
7. Identify yourself at the start of every appointment or call and disclose the scope and purpose as documented in the Scope of Appointment (SOA).
8. [Effective 10/1/2026, agents must ensure that all statements, including superlatives, are not misleading, confusing or materially inaccurate. Any superlative used must be able to be substantiated if requested by IFG, carriers and CMS as per 42 CFR 422.2262\(a\)\(1\) and 42 CFR 423.2262\(a\)\(1\)\(i\).](#)
9. Provide clear, accurate, and complete information about all plans and products.
10. Ensure all documentation is accurate and not misleading. Do not alter or misrepresent applications or forms.
11. Do not enroll beneficiaries via outbound calls for MA or PDP products.
12. Submit all applications within 24 hours of completion.
13. Do not accept applications before October 15 during the Pre-AEP period.
14. Offer all eligible beneficiaries an equal opportunity to enroll through their preferred method.
15. Refrain from unsolicited text messages or electronic communications.
16. Confirm that prospects are of sound mind before enrolling. Postpone if concerns arise.
17. Do not sign for beneficiaries or accept incomplete or unauthorized applications.
18. Recommend plan changes only when in the best interest of the member, not based on compensation.
19. Only initiate calls when prior consent has been given or to confirm scheduled appointments.
20. Understand and adhere to CMS marketing regulations.
21. Use only IFG, carrier, and CMS-approved materials/scripts. Submit new materials for prior approval.
22. Do not offer gifts or incentives as enrollment inducements. Follow CMS nominal value limits. [Nominal gifts may not exceed \\$15 Fair Market Value \(FMV\) per person, per event; and may not exceed \\$75 FMV per person, per year.](#)

23. Never assist with premium or cost-sharing payments using personal funds.
24. Always check and honor Do Not Call (DNC) and Do Not Mail (DNM) preferences.
25. Do not contact referrals without explicit permission from the referred party.
26. Do not initiate unsolicited contact in person or by phone. Avoid door-to-door and common area solicitations.
27. Email outreach must include an opt-out option. Do not share or purchase contact lists. Protect all PHI.
28. Do not charge additional marketing or enrollment fees beyond plan premiums.
29. All agents, principal agents (producing and non-producing), and agencies maintain all required licenses and certifications for the products and states in which the individual agent and all downline agents and agencies operate.
30. For non-health products, obtain proper licensing and ensure required forms are completed. Do not bundle sales on the same day as MA appointments.
31. Complete certifications like AHIP or NAHU honestly. Do not engage in cheating or proxy testing.
32. Protect all consumer and member information in accordance with applicable laws.
33. Notify IFG of any subcontractors and maintain written agreements. Offshore arrangements are not permitted.
34. Do not offer legal advice or influence healthcare decisions related to Power of Attorney or disenrollments.
35. Respond to complaints promptly and do not contact complainants without prior IFG approval.

Violations of this Code of Conduct may result in disciplinary action, up to and including contract termination and compensation suspension. All breaches must be reported to the IFG SI Team immediately.

