

# AGENT BUSINESS PLAN



Name \_\_\_\_\_

Focus Counties \_\_\_\_\_

## CARRIERS TO REPRESENT

DSNP/CSNP \_\_\_\_\_

MAPD \_\_\_\_\_

Supplement \_\_\_\_\_

Monthly Goal \_\_\_\_\_ AEP Goal \_\_\_\_\_ Total Yearly Goal \_\_\_\_\_

## SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

## SEP MARKETING PLAN

**1** Strategy Plan \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**2** Strategy Plan \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**3** Strategy Plan \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

