

2018 Disenrollment Form

Please fill out and carefully read all information below before signing and dating this disenrollment form. We will notify you of your effective date after we get this form from you.

Instead of sending a disenrollment request to Senior Care Plus you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, to disenroll by telephone. TTY users should call 1-877-486-2048.

Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.
Medicare or Member #:				Effective Date of Disenrollment:		
Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Home Phone Number:			

By completing this disenrollment request, I agree to the following:

Senior Care Plus <**PDP name**> will notify me of my disenrollment date after they get this form. I understand that until my disenrollment is effective, I must continue to fill my prescriptions at Senior Care Plus <**PDP name**> network pharmacies to get coverage. I understand that there are limited times in which I will be able to join other Medicare plans, unless I qualify for certain special circumstances. I understand that I am disenrolling from my Medicare Prescription Drug Plan and, if I don't have other coverage as good as Medicare, I may have to pay a late enrollment penalty for this coverage in the future.

SIGNATURE*:	DATE:
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* Or the signature of the person authorized to act on your behalf under the laws of the State where you live. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this disenrollment and 2) documentation of this authority is available upon request by Senior Care Plus or by Medicare.

If you are the authorized representative, you must provide the following information:	
Name:	_____
Address:	_____
Phone Number: () _____ - _____	Cell Phone Number () _____ - _____
Relationship to Enrollee:	_____

Typically, you may disenroll from a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to disenroll from a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Election Period.

<input type="checkbox"/> <i>I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.</i>
<input type="checkbox"/> <i>I get extra help paying for Medicare prescription drugs.</i>
<input type="checkbox"/> <i>I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date)_____.</i>
<input type="checkbox"/> <i>I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date)_____.</i>
<input type="checkbox"/> <i>I am joining a PACE program on (insert date) _____.</i>
<input type="checkbox"/> <i>I am joining employer or union coverage on (insert date) _____.</i>

If none of these statements applies to you or you're not sure, please contact Senior Care Plus at 775-982-3158 or toll-free at 888-775-7003, TTY users should call 711 to see if you are eligible to disenroll. We are open Monday-Friday 8 a.m. to 5 p.m.