CarePlus
HEALTH PLANS

Disenrollment Form

If you request disenrollment, you must continue to get all medical care from CarePlus until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of CarePlus' network. We will notify you of your effective date after we get this form from you.

Last Name: ________________________ **First Name:** ________________________ **Middle Initial:** _____

Medicare Number
(Note: may use "Member Number" instead of "Medicare Number")**:** ________________________________

Birth Date: ________________________ **Member Phone Number:** ______________________________

Usually Medicare plans end on the last day of the month the request is received when using a special election period. During the Annual Election Period the plan will end on 12/31.

Please carefully read and complete the following information before signing and dating this disenrollment form:

If I have enrolled in another Medicare Advantage or Medicare Prescription Drug Plan, I understand Medicare will cancel my current membership in CarePlus on the effective date of that new enrollment. I understand that I might not be able to enroll in another plan at this time. I also understand that if I am disenrolling from my Medicare prescription drug coverage and want Medicare prescription drug coverage in the future, I may have to pay a higher premium for this coverage.

Your signature*: ______________________________ **Date:** ____________________________

*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 CarePlus or by Medicare.

If you are the authorized representative, you must provide the following information::

Name: ____

Address: ____

Phone Number: ____

Relationship to Member: ____

Typically, you may disenroll from a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year or during the Medicare Advantage Open Enrollment Period from January 1 through March 31 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 or boxes if the statement(s) applies to you. By checking any or all of the following boxes that apply to you, you are certifying that, to the best of your knowledge, you are eligible for an Election Period.

	Code	Enrollment Period Statements
⬭	LEC	I am joining employer or union coverage on (insert date) ______________________.
⬭	AEP	I am disenrolling during the Annual Enrollment Period.
⬭	DIF	I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on ______________________.
⬭	NLS	I had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) ______________________.
⬭	OCC	I am disenrolling from Part D to enroll in or maintain other creditable coverage such as Tricare or the Veterans Administration (VA).
⬭	LTC	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) ______________________.
⬭	MCD	I had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) ______________________.
⬭	MDE	I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I HAVEN'T had a change. **Note: Only valid once per calendar quarter from January 1 through September 30.**
⬭	OEP	I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period.
⬭	PAC	I am joining a PACE (Program of All-Inclusive Care for the Elderly) program.

If none of these statements applies to you or you're not sure, please contact Member Services at **1-800-794-5907 (TTY: 711)**. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 – September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

Important: At CarePlus, it is important you are treated fairly. CarePlus Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities. The following department has been designated to handle inquiries regarding CarePlus' non-discrimination policies: Member Services, PO Box 277810, Miramar, FL 33027, 1-800-794-5907 (TTY: 711). Auxiliary aids and services, free of charge, are available to you. 1-800-794-5907 (TTY: 711). CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our Member Services number at 1-800-794-5907. Hours of operation: October 1 - March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 - September 30, Monday - Friday, 8 a.m. to 8 p.m. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

Español (Spanish): Esta información está disponible de forma gratuita en otros idiomas. Favor de llamar a Servicios para Afiliados al número que aparece anteriormente.

Kreyòl Ayisyen (French Creole): Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele nimewo Sèvis pou Manm nou yo ki nan lis anwo an.