

# 2024 Medicare Advantage PDP 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 Arkansas Blue Medicare (PDP), 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.



<b>First name</b>		<b>Last name</b>		<b>Middle initial</b>	
<b>Medicare number</b> - -			<b>Prefix</b> Mr. Mrs. Miss Ms.		
<b>Birth Date</b> (MM/DD/YYYY) ( / / )		<b>Sex</b> M F	<b>Phone number</b> ( ) -		

## Disenrollment reason (please check appropriate box):

I am moving out of the Arkansas Blue Medicare (PDP) service area

I am joining coverage through my spouse

I am returning to my previous Medigap coverage

I am returning to my employer's coverage

I am joining other creditable coverage

Other:

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

Arkansas Blue Medicare (PDP) 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 Arkansas Blue Medicare (PDP) 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.

<b>Signature*</b>	<b>Today's date</b>
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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 Arkansas Blue Medicare (PDP) or by Medicare.

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

<b>Name</b>	<b>Relationship to enrollee</b>
<b>Address</b>	<b>Phone number</b> ( ) -

## Please mail disenrollment form to:

Arkansas Blue Medicare • P.O. Box 3648 • Little Rock, AR 72203 • Fax: 1-501-301-1927

Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare Plus is the trade name for Arkansas Blue Medicare PDP. Arkansas Blue Medicare offers HMO, PFFS, PPO and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.