2024 Medicare Advantage PPO Disenrollment Form

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

First name	**Last name**	**Middle initial**

Medicare number	**Prefix**
- -	Mr. Mrs. Miss Ms.

Birth date (MM/DD/YYYY)	**Sex**	**Phone number**
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Disenrollment reason (please check appropriate box):

- I am moving out of the Arkansas Blue Medicare (PPO) 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:

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 Arkansas Blue Medicare (PPO) 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 Advantage coverage and want Medicare Advantage coverage in the future, I may have to pay a higher premium for this coverage.

Signature*	**Today's 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 Arkansas Blue Medicare (PPO) or by Medicare.

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

Name	**Relationship to enrollee**
Address	**Phone number** ( ) -

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 PPO. Arkansas Blue Medicare offers HMO, PFFS, PPO and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.