

2025 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.

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

Disenrollment reason (please check appropriate box):

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 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.

- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- I recently 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) _____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for Medicare prescription drug coverage, but I haven't had a change.
- 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 am joining a PACE program on (insert date) _____.
- I am joining employer or union coverage on (insert date) _____.
- 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 (insert date) _____.
- 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.
- Other _____.

If none of these statements applies to you or you're not sure, please contact Arkansas Blue Medicare at 1-844-463-1088 (TTY:711) to see if you are eligible to disenroll. From October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, seven days a week. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m., Monday through Friday.

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.

Signature*	Today's 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 Arkansas Blue Medicare 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 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. Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield, which is an Independent Licensee of the Blue Cross and Blue Shield Association. © 2024 Arkansas Blue Cross and Blue Shield. All rights reserved.

You can change health plans only at certain times during the year. From October 15 - December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 - March 31, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug costs.

