



MASSACHUSETTS

Medicare Advantage Medicare HMO BlueSM (HMO) and Medicare PPO BlueSM (PPO) Disenrollment Form

If you request disenrollment, you must continue to receive all medical care from the Medicare Advantage plan until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services. We will notify you of your effective date after we have received this form from you.

Last Name:		First Name:		Middle Initial:	o Mr. o Mrs. o Miss o Ms.
Member ID#:	Birth Date:	Sex:	Home Phone Number:		
		o M o F	(___) ___ - ____		

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

On the effective date of enrollment in another Medicare Advantage or Medicare Prescription Drug Plan, I understand Medicare will automatically cancel my current membership in the Medicare Advantage plan. 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 do not enroll in such coverage at this time, I may have to pay a higher premium for this coverage in the future.

Your Signature*: _____ Date: _____

* Or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides. 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 Blue Cross Blue Shield of Massachusetts or by Medicare.

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

Please mail this form to:
Blue Cross Blue Shield of Massachusetts, P.O. Box 55011, Boston, MA 02205

Blue Cross Blue Shield of Massachusetts is a HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal. Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association
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