blue california®

Blue Shield Rx Plus (PDP) and Blue Shield Rx Enhanced (PDP) Disenrollment Form

Please fill out and carefully read all the 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 Blue Shield Medicare prescription drug plans, 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.

Last Name	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Ms.
First Name	Middle Initial
Medicare # _ _ _ _ - _ _ _ - _ _ _ _	Birth Date _ _ / _ _ / _ _ _ _ (M M D D Y Y Y Y)	Sex ☐ M ☐ F
Home phone number _ _ _ - _ _ _ - _ _ _ _	Alternative phone number _ _ _ - _ _ _ - _ _ _ _

By completing this disenrollment request, I agree to the following:
Blue Shield Rx Plus or Blue Shield Rx Enhanced 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 Blue Shield Rx Plus or Blue Shield Rx Enhanced 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.

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 Blue Shield of California or by Medicare.

Blue Shield of California is an independent member of the Blue Shield Association PDP00013-PDP (10/19)

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

Last Name ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Ms.

First Name

Middle Initial

Street Address

City

State

ZIP code

Relationship to Enrollee

Information to include on or with Disenrollment Form – Attestation of Eligibility for an Election Period

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).

		/			/				

If none of these statements applies to you or you're not sure, please contact Blue Shield Rx Plus or Blue Shield Rx Enhanced Member Services at **(888) 239-6469** (TTY users should call **711**) to see if you are eligible to disenroll. We are open 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m., Saturday and Sunday) from April 1 through September 30.