

DIENROLLMENT 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 **BlueRx (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.

Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Member ID:			
Birth Date: [][] - [][] - [][][][]	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone Number: ([][][]) - [][][] - [][][][]	

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

BlueRx (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 **BlueRx (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*: _____ 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 Medicare.

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

BlueRx is a PDP with a Medicare approved contract. Enrollment in BlueRx (PDP) depends on contract renewal. BlueRx (PDP) is provided by Blue Cross and Blue Shield of Alabama and UTIC Insurance Company, independent licensees of the Blue Cross and Blue Shield Association.