

# Allwell Medicare Plans Disenrollment Form



If you request disenrollment, you must continue to get all medical care from Allwell until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of Allwell's network. We will notify you of your effective date after we get this form from you.

Last name	First name	Middle initial	<input type="checkbox"/> Mr.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Mrs.
			<input type="checkbox"/> Ms.
Medicare #			
<input type="text"/>			
Birth date	Sex:	Home phone number	
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> - <input type="text"/> - <input type="text"/>	
M M D D Y Y Y Y			

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

If I have enrolled in another Medicare or Medicare Prescription Drug Plan, I understand Medicare will cancel my current membership in Allwell 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 prescription drug coverage and want Medicare prescription drug coverage in the future, I may have to pay a higher premium for this coverage.

<b>Signature*</b>	<b>Today's date</b>
<input type="text"/>	<input type="text"/>
	M M D D Y Y Y Y

\*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 Allwell or by Medicare.

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

<b>Name</b>	
<input type="text"/>	
<b>Address</b>	
<input type="text"/>	
<b>Phone number</b>	<b>Relationship to enrollee</b>
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

**Typically, you may disenroll from a Medicare plan only during the annual enrollment period from October 15 through December 7 of each year or during the Medicare Disenrollment Period from January 1 through February 14 of each year.** There are exceptions that may allow you to disenroll from a Medicare 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 have both Medicare and Medicaid, or my State helps pay for my Medicare premiums.

I get extra help paying for Medicare prescription drug coverage.

I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date).

M	M	D	D	Y	Y	Y	Y

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).

M	M	D	D	Y	Y	Y	Y

I am joining a PACE program on (insert date).

M	M	D	D	Y	Y	Y	Y

I am joining employer or union coverage on (insert date).

M	M	D	D	Y	Y	Y	Y

If none of these statements applies to you or you're not sure, please contact Allwell at 1-855-766-1541 (TTY users should call 711) to see if you are eligible to disenroll. From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. On weekends and holidays, an automated system will handle your call.

Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allwell:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Allwell's Member Services at: 1-855-766-1541 (HMO and PPO) (TTY: 711). From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Allwell has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Allwell's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-766-1541 (HMO and PPO) (TTY: 711).
CHINESE	注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-855-766-1541 (HMO and PPO) (TTY: 711)。
GERMAN	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-766-1541 (HMO and PPO) (TTY: 711).
PENNSYLVANIAN DUTCH	AADACHT: Wann du Deitsch Schwetze kann, kannscht du frei Schprooch aushilfe griege. Ruf Nummer Call 1-855-766-1541 (HMO and PPO) (TTY: 711).
BURMESE	သတိထားပါ- သင့် ဗမာစကား (Burmese) ရှုဟဆိုလို့ငှါ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများအား အခမဲ့ရရှိနိုင်ပါသည်။ ကော်ဇူပီရှ် 1-855-766-1541 (HMO and PPO) (TTY: 711) ကို ခေငှပါ။
ARABIC	تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم. 1-855-766-1541 (HMO and PPO) (مكبلا و مصلا فتا ه مقرر: 711).
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-766-1541 (HMO and PPO) (TTY: 711) 번으로 전화해 주십시오.
VIETNAMESE	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-766-1541 (HMO and PPO) (TTY: 711).
FRENCH	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-766-1541 (HMO and PPO) (TTY: 711).
JAPANESE	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-766-1541 (HMO and PPO) (TTY: 711) まで、お電話にてご連絡ください。
DUTCH	AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-766-1541 (HMO and PPO) (TTY: 711).
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-766-1541 (HMO and PPO) (TTY: 711).
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-766-1541 (HMO and PPO) (TTY: 711).
PUNJABI	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਵਿਰਧਾ ਕਰਕੇ 1-855-766-1541 (HMO and PPO) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
HINDI	ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया 1-855-766-1541 (HMO and PPO) (TTY: 711) पर कॉल करें।



