

BLUE MEDICARERX (PDP) EMPLOYER GROUP DISENROLLMENT FORM

Please fill out and carefully read all information below before signing and dating this disenrollment form. We'll notify you of your effective date after we get this form from you.

Last name:

First name:

Middle initial:

Member ID Number:

Birth date:

☐ Male

Home phone number:

(MM/DD/YYYY) (____/____/____)

☐ Female

(____) _____

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

Blue MedicareRx 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 MedicareRx 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 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're the authorized representative, you must provide the following information:

Name :

Address:

Phone number: (____) _____

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Relationship to enrollee:

Please return this signed document back to your prior employer, union, fund or benefits office.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

Blue MedicareRx complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.
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