



Dear Member,

Please read the important instructions in this letter regarding requesting disenrollment from UnitedHealthcare®

Please look at the checklist below and see what situation applies to you. Each option will let you know what you'll need to do. If you need to use the disenrollment form, it's included with this letter.

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- I want to switch to Original Medicare only. I don't want Medicare Prescription Drug coverage.** Please complete and submit the disenrollment form.
 - I only want to drop my optional supplemental benefit(s).** Some examples of optional supplemental benefits are dental, vision and fitness. Please call the number on the back of your member ID card. We can help you over the phone; you don't need to fill out the form.
 - I want to enroll in (sign up for), or have already enrolled in another Medicare Advantage plan, Medicare Advantage Prescription Drug plan, or Medicare Prescription Drug plan.** You don't need to use the form. When you enroll in one of these plans, Medicare will automatically end your current plan coverage.
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How do I submit the disenrollment request?

If you want to disenroll from UnitedHealthcare, you may fill out the attached form, sign it and send it back to us at:

UnitedHealthcare

PO Box 30769

Salt Lake City, UT 84130-0769

You can also submit the form online or fax the form with a readable signature and date to us at 1-888-950-1169.

Instead of sending a disenrollment request to UnitedHealthcare you can also call Medicare at 1-800-633-4227, 24 hours a day, 7 days a week, to disenroll by telephone.

TTY users should call 1-877-486-2048.

If you have any questions, please call the number on the back of your member ID card.

For more information, see the next page.

More Information

If I complete and submit the disenrollment form, how will I know when I can disenroll or change plans?

After we receive your completed form, we'll let you know if you can disenroll. If you can, we'll send you a letter with the disenrollment date. The disenrollment date is the last day you are a member of a plan.

What should I do if I need to see a doctor?

Please use your current plan's network of doctors until your disenrollment date. After that date, you may want to call us to check that your plan has ended before you see a doctor outside the network.

When can I change plans?

You can switch, disenroll from, or enroll in a Medicare plan from October 15 to December 7. This is the Open Enrollment Period.

You can disenroll from a Medicare Advantage plan and return to Original Medicare or join a prescription drug plan from January 1 to February 14.

You can change plans at other times of the year if you meet certain special exceptions. For example, if you move out of your plan's service area or want to join a plan in your area with a 5-star rating, or if you qualify for Extra Help.

How do I find out about other Medicare plans in my area?

Call the number on the back of your ID card to find out if we have other plans available in your area. You can also visit www.medicare.gov or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

What is Extra Help?

If you have a limited income, you may be able to get Extra Help from Medicare to pay for your prescription drug costs. If you qualify, Medicare would pay for 75 percent or more of your:

- Monthly prescription drug payments
- Annual deductibles
- Co-insurance

Many people qualify and don't know it. There's no penalty for applying. And, with Extra Help you won't have a coverage gap or a Late Enrollment Penalty (LEP).

For more information call Social Security toll-free at 1-800-772-1213, TTY 1-800-325-0778 or visit www.socialsecurity.gov/prescriptionhelp. You can also call your local Social Security office.

If you qualify, you may change plans at any time. If you lose Extra Help you can change plans, but there's a time limit. You have up to two months after you lose it.

Can I buy Medigap?

If you plan to switch to Original Medicare, you might have a special right to buy a Medigap plan. Medigap is also known as Medicare Supplement Insurance. You may be able to buy a Medigap plan if:

- You're age 65 or older and you signed up for Medicare Part B in the past six months; or
- You moved out of your plan's service area

Federal law protects this right. Your state laws may give you more protections.

You'll need to act soon if you want to buy a Medigap plan. Medicare limits how long you can wait after switching to Original Medicare. To learn more about Medigap, call a State Health Insurance Program (SHIP) in your area, see your "Medicare & You" handbook or visit www.medicare.gov. You can also call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

What if I have questions about the form?

Please call us at the number on the back of your member ID card.

Sincerely,
The UnitedHealthcare Team

Please fill out and carefully read all information below before signing and dating this disenrollment form.

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

The plan will send me a letter with the date my plan coverage ends after they get this form. I understand that until the date my coverage ends, I must continue to receive all medical care from the plan. I will only get my care from network doctors until my disenrollment date, except in an emergency situation.

If I have signed up for another Medicare Advantage or Medicare Prescription Drug plan, I understand Medicare will end my current membership in the Plan on the start date of that new plan. I understand that I might not be able to sign up for another plan at this time.

Last Name: _____ First Name: _____

Middle Initial: _____ Mr. Mrs. Miss. Ms. Sex: M F

Medicare Number: _____

Birth Date: ____/____/____ Phone Number: _(____)____-_____

Normally, you may disenroll from a Medicare Advantage plan only during the Open Enrollment Period from October 15 through December 7 of each year or during the Medicare Advantage Disenrollment Period from January 1 through February 14 of each year. There are exceptions that may allow you to disenroll from a Medicare Advantage plan outside of this period.

Please read the statements below 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 to disenroll at this time.

- I have both Medicare and Medicaid or my state helps pay for my Medicare monthly payments.
- 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) ____/____/____.
- I'm moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term facility). I moved/will move into/out of the facility on (insert date) ____/____/____.
- I'm joining a PACE (Program of All-inclusive Care for the Elderly) program on (insert date) ____/____/____.
- I'm joining employer or union coverage on (insert date) ____/____/____.
- I have or am signing up for other creditable coverage such as TRICARE or Veterans Assistance benefits. I understand this election is valid only if I'm currently enrolled in a Medicare Advantage Prescription Drug plan or Medicare Prescription Drug plan.
- I recently moved outside of the service area for my current plan.
- I'm disenrolling during the Open Enrollment (request must be received between October 15-December 7) and I understand my disenrollment date will be December 31.
- During my Initial Enrollment Period surrounding my 65th birthday, I signed up for a Medicare Advantage or Medicare Advantage Prescription Drug plan. I'm still within my first year and wish to return to Original Medicare.
- I dropped a Medigap policy when I signed up for the first time in a Medicare Advantage plan and it has been 12 months or less since I dropped the Medigap policy.
- I'm turning 65 and I'm within my Initial Enrollment Period for Part D.
- I'm disenrolling during the Medicare Advantage disenrollment period. (Request must be received between January 1-February 14.)

If none of these statements apply to you or you're not sure, please call us toll-free at the number on the back of your member ID card.

Please sign and date this form before sending it back to us.

Your signature*: _____ Date: ____/____/____

Email Address: _____

Member ID: _____

*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 UnitedHealthcare or by Medicare.

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

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _(_____) _____ - _____

Relationship to Member: _____

Instead of sending a disenrollment request to UnitedHealthcare you can call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week to leave the plan by telephone.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.