Blue Cross MedicareRx (PDP)

Employer Group Health Disenrollment Form

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

Employer or Union Name	Group #	Requested Disenrollment Date: (_ _/_ _/ _ _ _ _) MM/DD/YYYY	
Last Name	First Name	MI	☐Mr. ☐Mrs. ☐Ms.
Permanent Residence Street Address (P.O. Box is not allowed)	City	State	ZIP Code

Member Identification Number	Date of Birth (_ _/_ _/ _ _ _ _) MM/DD/YYYY	☐Male ☐Female	Home Phone Number (____) -____ - _____

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

Blue Cross MedicareRx (PDP) will notify me of my disenrollment date after they receive this form. I understand that until my disenrollment is effective:

- I must continue to fill my prescriptions at Blue Cross MedicareRx (PDP) network pharmacies in order to receive the highest level of my prescription benefit.
- I understand that there are limited times in which I will be able to join other Medicare Advantage or Medicare Prescription Drug Plans, unless I qualify for a special circumstance.
- I understand that if my employer or union sponsor has been paying a Late Enrollment Penalty (LEP) for Part D on my behalf, I will now be responsible for paying this penalty amount myself.

I understand that I am disenrolling from my Medicare Prescription Drug Plan and, if I do not enroll in another Medicare Prescription Drug Plan at this time, or within 63 days of my date of termination, I may have to pay a penalty for this coverage in the future.

Signature:	Today's Date:

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

Name_____

Address_____

City_____State_____ZIP Code_____

Phone Number (___) - ___ - _____ Relationship to Enrollee _____

Please return this disenrollment form to:

Anthem Blue Cross
P.O. Box 110
Fond du Lac, WI 54936-0110

Anthem Blue Cross Life and Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross Life and Health depends on contract renewal.