Trillium Medicare Advantage Plans **Disenrollment Form**



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

Middle

Last name	First name			_ i <u>nitia</u> l	⊔ Mr. □ Mrs.
Medicare number					
Birth date Sex	Home phone number	er			
	-	-			
M M D D Y Y Y Y					
Please carefully read and complete the fol disenrollment form:	lowing information	before si	gning aı	nd datin	g this
If I have enrolled in another Medicare Advan Medicare will cancel my current membership enrollment. I understand that I might not be understand that if I am disenrolling from my Medicare prescription drug coverage in the fooverage.	o in Trillium on the e able to enroll in and Medicare prescripti	ffective da other plan on drug co	ate of tha at this t overage	at new ime. I al: and wan	so it
Your signature*		Date			
		M M	D D	YY	YY
*Or the signature of the person authorized to you live. If signed by an authorized individu 1) this person is authorized under State law 2) documentation of this authority is availal or by Medicare.	al (as described abo to complete this dis	ve), this s enrollmer	signature nt and	e certifies	s that:
If you are the authorized representative, you	must provide the fol	owing info	ormation	1:	
Name					
Address					
Phone number	Relationship to e	enrollee			

Advantage Open Enrollment Period from January 1 through March 31 of each year. There are exceptions that may allow you to disenroll from a Medicare Advantage 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 recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) M D on (insert date). ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date). ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change. ☐ 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). ☐ I am joining a PACE program on (insert date). D D ☐ I am joining employer or union coverage on (insert date). М D D ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date). If none of these statements applies to you or you're not sure, please contact Trillium at

Typically, you may disenroll from a Medicare Advantage plan only during the annual

enrollment period from October 15 through December 7 of each year or during the Medicare

If none of these statements applies to you or you're not sure, please contact Trillium at 1-844-867-1156 to see if you are eligible to disenroll. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 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.

Trillium Medicare Advantage is contracted with Medicare for an HMO SNP plan, and with the state Medicaid program. Enrollment in Trillium Medicare Advantage depends on contract renewal. FRMO31558EPOO (5/19)