

# Disenrollment Form



**Each member requesting to be disenrolled must complete their own form.**

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

**If you have any questions, call Wellcare By Trillium Advantage at 1-844-867-1156 (TTY: 711). We are available 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.**

**YOU MAY TYPE TO COMPLETE THIS FORM. YOU MAY ALSO PRINT IT AND FILL IT OUT, IN WHICH CASE PLEASE PRINT YOUR RESPONSES USING BLACK OR BLUE INK. FILL CHECK BOXES IN WITH AN "X".**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  Mr.  Mrs.  Miss.  Ms.

Wellcare By Trillium Advantage Subscriber ID Number \_\_\_\_\_

Medicare Number \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Sex  M  F

Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

Permanent Residence Street Address (P.O. Box is not allowed) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address if different from permanent residence (P.O. Box is allowed) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

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

If I have enrolled in another Medicare Advantage or Medicare Prescription Drug Plan, I understand that Medicare will cancel my current membership with Wellcare By Trillium Advantage on the effective date of the new enrollment. I understand that I may 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, due to a late enrollment penalty, for this coverage.

*continued on next page*

I understand that my signature (or the signature of the person I have authorized to make decisions on my behalf) on this form means I have read and understand the contents of this form. If signed by an authorized representative, this signature certifies that: this person is authorized under State law to complete this disenrollment, and documentation of this authority is available upon request.

Signature\*: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\*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 Wellcare By Trillium or by Medicare.

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to the Enrollee: \_\_\_\_\_

**Typically, you may disenroll from a Medicare Advantage Plan only during the annual enrollment period which takes place from October 15 through December 7 of each year, or during the Medicare Advantage Open Enrollment Period from January 1 through March 31 of each year.**

**There are exceptions which may allow you to disenroll outside of this period. If you have questions about the times you may disenroll, please call Member Services for assistance.**

**PLEASE SELECT THE DISENROLLMENT REASON THAT APPLIES TO YOU**

**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 qualified for, had a change in level of assistance, or lost eligibility for Medicaid) on \_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly qualified for, had a change in level of assistance, or lost eligibility for Extra Help) on \_\_\_\_\_.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for 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). I moved/will move into/out of the facility on \_\_\_\_\_.
- I am joining a PACE program on \_\_\_\_\_.
- I am joining employer group or union coverage on \_\_\_\_\_. I am requesting a disenrollment date of \_\_\_\_\_ with the understanding that this is subject to CMS approval.
- I was enrolled in a plan by Medicare (or my state) and I want to select a different plan. My enrollment in that plan started or will start on \_\_\_\_\_.

If none of these statements applies to you or you're not sure, please contact Wellcare By Trillium Advantage at **1-844-867-1156 (TTY: 711)** to see if you are eligible to disenroll. We are open 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. We are available 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.

**PLEASE SELECT THE REASON WHY YOU ARE LEAVING.**

- PCP not in network
- Specialist not in network
- Copays are too high
- Can't get access to a service
- Premium is too high
- Was not aware I was enrolling in this plan

Other \_\_\_\_\_

**You may return your completed form to:**

Wellcare By Trillium Advantage

P.O. Box 10420

Van Nuys, CA 91410

Fax: **1-844-222-3180**



## **Do you think Trillium Community Health Plan (Trillium) has treated you unfairly?**

Trillium must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- Age
- Gender identity
- Race
- Sexual orientation
- Color
- Marital status
- Religion
- Disability
- National Origin
- Sex

You have a right to enter, exit, and use buildings and services. You have the right to get information in a way you understand. Trillium will make reasonable changes to policies, practices, and procedures by talking with you about your needs.

To report concerns or to get more information, please contact Member Services at **1-541-485-2155**; Toll Free: **1-877-600-5472**; TTY: **1-877-600-5473**, Monday through Friday, 8:00 a.m. to 5:00 p.m. You can leave a message at other times, including weekends and federal holidays. We will return your call the next business day. The call is free.

If you believe you have been discriminated against, you may also contact:

### **Emily Farrell, Non-Discrimination Coordinator**

555 International Way, Building B  
Springfield, OR 97477

Phone: **1-541-214-3948**

Toll-free: **1-844-867-1156** (TTY **711**)

Email: **emilyann.farrell@TrilliumCHP.com**

Web: **<https://wellcare.trilliumadvantage.com/legal/nondiscrimination-notice.html>**

You have a right to file a civil rights complaint with these organizations:

### **U.S. Department of Health and Human Services Office for Civil Rights (OCR)**

Web: **<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>**

Phone: **1-800-368-1019, 1-800-537-7697** (TDD)

Email: **OCRComplaint@hhs.gov**

Mail: Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

### **Oregon Health Authority (OHA) Civil Rights**

Web: **[www.oregon.gov/OHA/OEI](http://www.oregon.gov/OHA/OEI)**

Phone: **1-844-882-7889**, (TTY **711**)

Email: **OHA.PublicCivilRights@state.or.us**

Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

### **Bureau of Labor and Industries Civil Rights Division**

Phone: **1-971-673-0764**

Email: **crdemail@boli.state.or.us**

Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

You can get this letter in another language, large print, or another way that is best for you. You can also have a language interpreter. Call **1-844-867-1156** (TTY/TDD **711**).

### English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-844-867-1156**; TTY: **1-877-600-5473**

### Español (Spanish)

ATENCIÓN: Si no habla Inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-867-1156**; TTY: **1-877-600-5473**

### Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị không nói tiếng Anh, có các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-844-867-1156**; TTY: **1-877-600-5473**

### 繁體中文 (Chinese)

注意：如果您不會講英語，我們有提供免費的語言協助服務。請致電 **1-844-867-1156**；TTY：**1-877-600-5473**

### Русский (Russian)

ВНИМАНИЕ! Если вы не говорите по-английски, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-844-867-1156**; TTY: **1-877-600-5473**

### 한국어 (Korean)

주의: 영어 외 다른 언어를 사용하시는 분은 무료로 언어 지원 서비스를 이용할 수 있습니다. 전화: **1-844-867-1156**; TTY: **1-877-600-5473**

### Українська (Ukrainian)

УВАГА: якщо ви не володієте англійською мовою, вам доступні безкоштовні послуги мовної підтримки. Телефонуйте за номером **1-844-867-1156**; TTY: **1-877-600-5473**

### 日本語 (Japanese)

注意：英語を話さない方は、無料で言語支援サービスを利用できます。**1-844-867-1156** (TTY: **1-877-600-5473**) までお電話ください。

العربية (Arabic):

ملاحظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فنحن نوفر لك خدمات مساعدة لغوية مجانية. اتصل بالرقم **1-844-867-1156**؛ الهاتف النصي: **1-877-600-5473**

### Română (Romanian)

ATENȚIE: Dacă nu vorbiți limba engleză, aveți la dispoziție gratuit servicii de asistență lingvistică. Apelați numărul de telefon **1-844-867-1156**; TTY: **1-877-600-5473**

### ខ្មែរ (Cambodian)

ចំណាំ: ប្រសិនបើអ្នកមិននិយាយភាសាអង់គ្លេសទេ នោះមានសេវាជំនួយផ្តល់ភាសាជាយុត្តិធម៌ឥតគិតថ្លៃសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅលេខ **1-844-867-1156**; TTY: **1-877-600-5473**

### **Afaan Oromoo (Oromo)**

XIYYEEFFANNO: Afaan Ingiliffaa hin dubbattu taanan, gargaarsi tajaajiloota afaanii, kan kaffaltii irraa bilisaa siif jira.

**1-844-867-1156** irratti bilbila; TTY: **1-877-600-5473**

### **Deutsch (German)**

ACHTUNG: Wenn Sie kein Englisch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung.

Rufen Sie dazu folgende Nummer an: **++1-844-867-1156**; TTY: **++1-877-600-5473**

(Farsi) فارسی

توجه: اگر به زبان انگلیسی صحبت نمی‌کنید، خدمات کمک‌زبانی به صورت رایگان در اختیار شما قرار می‌گیرد. با

شماره **1-844-867-1156** تماس بگیرید؛ شماره برای ناشنویان: **1-877-600-5473**

### **Français (French)**

ATTENTION : si vous ne parlez pas anglais, des services d'assistance linguistique gratuits sont à votre disposition.

Appelez le **1-844-867-1156** ; TTY : **1-877-600-5473**.

### **ภาษาไทย (Thai)**

หมายเหตุ: หากคุณใช้ภาษาอังกฤษไม่ได้ เรามีความช่วยเหลือด้านภาษาฟรีพร้อมให้บริการแก่คุณ โทร **1-844-867-1156**; TTY:

**1-877-600-5473**