



**Request for Disenrollment Form**

If you request disenrollment, you must continue to get all medical care from Blue Cross and Blue Shield of Nebraska until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of Blue Cross and Blue Shield of Nebraska MA Core network. We will notify you of your effective date after we get this form from you.

Last name:	First Name:	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Medicare #			
Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number: (    )	

<b>Disenrollment reason</b> (please check appropriate box):	
<input type="checkbox"/> I am moving out of the Blue Cross Blue and Shield of Nebraska MA Core service area	<input type="checkbox"/> I am returning to my previous Medigap coverage
<input type="checkbox"/> I am joining coverage through my spouse	<input type="checkbox"/> I am returning to my employer's coverage
Other:	<input type="checkbox"/> I am joining other creditable coverage

**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 Medicare will cancel my current membership in Blue Cross and Blue Shield of Nebraska on the effective date of that new enrollment. I understand that I might 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 for this coverage.

**Your Signature\*:** \_\_\_\_\_ **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 Blue Cross and Blue Shield of Nebraska or by Medicare.

*Blue Cross and Blue Shield of Nebraska is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Nebraska Medicare Advantage depends on contract renewal.*

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

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Relationship to Enrollee:** \_\_\_\_\_