



PEBB Medicare Advantage Plan Disenrollment Form

This is a request to cancel enrollment in a PEBB Medicare Advantage plan.

(Please print in black ink.)

I wish to cancel enrollment in (check one):	
Kaiser Foundation Health Plan of Washington (formerly Group Health Cooperative) <input type="checkbox"/> Kaiser Permanente WA Medicare Advantage (formerly Group Health Medicare Advantage)	
Kaiser Foundation Health Plan of the Northwest <input type="checkbox"/> Kaiser Permanente NW Senior Advantage	
Effective date of change	
<p>The Health Care Authority must process this form. Your enrollment in a Medicare Advantage plan will end on the last day of the month in which this completed form and any other required forms are received.</p> <p>If you are a retiree receiving benefits through the Department of Retirement Systems (DRS), the PEBB Program may share your information with DRS to better serve you.</p> <p>HCA's Privacy Notice: We will keep your information private as allowed by law. To see our Privacy Notice, go to www.hca.wa.gov/public-employee-benefits.</p>	
Subscriber's name	Date
Subscriber's signature	
Subscriber's Medicare number	
Spouse or state-registered domestic partner's name	Date
Spouse or state-registered domestic partner's signature	
Spouse or state-registered domestic partner's Medicare number	

2017 PEBB MEDICAL CONTRACTORS

Kaiser Foundation Health Plan of Washington (formerly Group Health Cooperative),
 320 Westlake Ave. N., Suite 100, Seattle, WA 98109-5233
 1-888-901-4636 or TTY 711 or 1-800-833-6388

Kaiser Foundation Health Plan of the Northwest,
 500 NE Multnomah St., Suite 100, Portland, OR 97232-2099
 1-877-221-8221 or TTY 711

Please return this form by mail to:

Washington State Health Care Authority
 P.O. Box 42684
 Olympia, WA 98504-2684

or fax to: 360-725-0771

HCA is committed to providing equal access to our services.
 If you need accommodation, please call 1-800-200-1004 or 711 for relay services.