2023 PEBB Medicare Advantage Plan Disenrollment Form

Washington State Health Care Authority
PUBLIC EMPLOYEES BENEFITS BOARD

This is a request to terminate enrollment in a PEBB Medicare Advantage plan. If you request disenrollment, you must continue to get all medical care from your current PEBB plan until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of the network. We will notify you of your effective date after we get this form from you.

Type or print clearly in blue or black ink and use all capital lettering in the spaces provided. Example: J O H N

Inaccurate, incomplete, or illegible information may delay coverage. The information written on this form replaces all enrollment forms previously submitted.

Subscriber last name

Medicare number

1 **I wish to terminate enrollment in** (check one):

Kaiser Foundation Health Plan of the Northwest

Kaiser Permanente NW Senior Advantage

Kaiser Foundation Health Plan of Washington

Kaiser Permanente WA Medicare Advantage

UnitedHealthcare

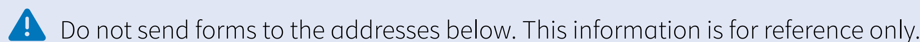
UnitedHealthcare PEBB Balance

UnitedHealthcare PEBB Complete

Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon. KFHPNW Medicare plans have a larger service area.

Effective date of termination

PEBB Program medical contractors


Do not send forms to the addresses below. This information is for reference only.

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St., Suite 100
Portland, OR 97232
1-877-221-8221 (TRS: 711)

Kaiser Foundation Health Plan of Washington
1300 SW 27th Street
Renton, WA 98057
1-866-648-1928
TTY: 1-800-833-6388
Medicare Advantage: 1-888-901-4600

UnitedHealthcare
Customer Service Department
PO Box 30770
Salt Lake City, UT 84130-0770
1-855-873-3268 (TRS: 711)

2 Signatures

The Health Care Authority (HCA) must process this form. To disenroll from a Medicare Advantage plan or Medicare Advantage Prescription Drug plan, the change in enrollment must be allowed under federal regulations. Your enrollment in a Medicare Advantage plan will terminate on the last day of the month in which HCA receives this form and any other required forms.

If you are a retiree receiving benefits through the Department of Retirement Systems (DRS), the PEBB Program may share your information with DRS.

Only the members requesting termination should sign the form. Please sign, date, and keep a copy for your records.

Subscriber

Last name

First name

Medicare number

Signature

Date (mm/dd/yyyy)

Spouse or state-registered domestic partner

Last name

First name

Medicare number

Signature

Date (mm/dd/yyyy)

Form return

Submit form and documentation using one of the methods below:

Mail to:	Fax to:	Secure message:
Washington State Health Care Authority PO Box 42684 Olympia, WA 98504-2684	360-725-0771	Send us a secure message through HCA Support at **support.hca.wa.gov**, a secure website that allows you to log in to your own account to communicate with us. You will need to set up a SecureAccess Washington (SAW) account to use this option.

HCA is committed to providing equal access to our services. If you need accommodation, please call us at 1-800-200-1004 (TRS: 711).

HCA's Privacy Notice: We will keep your information private as allowed by law. To see our Privacy Notice, go to the HCA website at **hca.wa.gov/pebb-retirees**.