

# 2026 PEBB Medicare Plan Disenrollment Form (form D)

This is a request to terminate enrollment in a PEBB Medicare Advantage with Part D plan or UMP Classic Medicare with Part D (PDP).

If you request disenrollment, you may continue to get all medical care from your current PEBB plan until the effective date of disenrollment. You will receive confirmation of your disenrollment and effective date by mail once your request has been processed.

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

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

Subscriber last name

Medicare number

**1**

**I am requesting to terminate enrollment in (check one):**

**Kaiser Foundation Health Plan of the Northwest**

Kaiser Permanente NW Senior Advantage with Part D

**Kaiser Foundation Health Plan of Washington**

Kaiser Permanente WA Medicare Advantage with Part D

**Uniform Medical Plan (UMP), administered by Regence BlueShield and ArrayRx**

Uniform Medical Plan Classic Medicare with Part D (PDP)

**UnitedHealthcare**

UnitedHealthcare PEBB Balance (MAPD)

UnitedHealthcare PEBB Complete (MAPD)

**I am requesting to (check one):**

**Terminate all PEBB insurance coverage.** If choosing to voluntarily terminate all PEBB insurance coverage, you may not enroll again in the future unless you reestablish eligibility for PEBB insurance coverage by becoming newly eligible. Dependents may be re-added during the annual open enrollment or a special open enrollment.

**Change medical plan.** If choosing to change medical plans, we must also receive the *PEBB Retiree Election Change Form* (form E) and any other required forms. COBRA subscribers must submit a *PEBB Continuation Coverage (COBRA) Election/Change* form and any other required forms.

Requested date of termination:



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Subscriber's last name


Social Security number

2

### Signatures

The Health Care Authority (HCA) must process this form. To disenroll from a Medicare Advantage with Part D plan or UMP Classic Medicare with Part D (PDP), the change in enrollment must be allowed under federal regulations. Your enrollment in a Medicare Advantage with Part D plan or UMP Classic Medicare with Part D (PDP) 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 requesting to defer (postpone) coverage, the deferral is effective on the first of the month after the date the PEBB Program receives the 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

Social security number

Medicare number

Signature

Date (mm/dd/yyyy)

### Spouse or state-registered domestic partner

Last name

First name

Social security number

Medicare number

Signature

Date (mm/dd/yyyy)

### Dependent

Last name

First name

Social security number

Medicare number

Signature

Date (mm/dd/yyyy)

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Subscriber's last name

Social Security number


### Form return

Submit form and documentation using one of the methods below:


#### Mail to:

 Washington State Health  
Care Authority  
PEBB Program  
PO Box 42684  
Olympia, WA 98504-2684

#### Fax to:

 360-725-0771

#### Secure message:

 Send us a secure message through HCA Support at [support.hca.wa.gov](https://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.

### 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 97232-2023  
1-800-813-2000 (TRS: 711)

Medicare members:  
1-877-221-8221 (TRS: 711)

#### Kaiser Foundation Health Plan of Washington

2715 Naches Ave SW  
Renton, WA 98057  
1-888-901-4636, TTY: 1-800-833-6388

Medicare members: 1-888-901-4600

#### Uniform Medical Plan, administered by Regence BlueShield

(for medical benefits)  
PO Box 1106  
Lewiston, ID 83501-1106  
1-888-849-3681 (TRS: 711)

#### Uniform Medical Plan, administered by ArrayRx

(for prescription drug benefits)  
PO Box 40327  
Portland, OR 97240-0327  
1-833-599-8539 (TRS: 711)

#### UnitedHealthcare

Customer Service Department  
185 Asylum Ave  
Hartford, CT 06103  
1-855-873-3268

HCA is committed to providing equal access to our services. If you need accommodation or require documents in another format or language, call us at 1-800-200-1004 (TRS: 711) or visit [hca.wa.gov/about-hca/language-access](https://hca.wa.gov/about-hca/language-access).

**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](https://hca.wa.gov/pebb-retirees).