



# Medicare Advantage Plan Disenrollment Form

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

***Please return this form by mail to:***  
 Washington State Health Care Authority  
 PO Box 42684  
 Olympia, WA 98504-2684  
***or fax to:*** 360-725-0771

*(Please print in dark ink.)*

**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

Effective date of termination

The Health Care Authority must process this form. Your enrollment in a Medicare Advantage plan will terminate on the last day of the month in which this completed form and any other required forms are received.

Only the member(s) requesting termination should sign the form.

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

**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/erb](http://www.hca.wa.gov/erb).

Subscriber		Spouse or state-registered	
Name	Date	Name	Date
Signature		Signature	
Medicare number		Medicare number	

**Note: Do not send forms to the addresses below. They are only for your reference.**

**2019 PEBB MEDICAL CONTRACTORS**  
**Kaiser Foundation Health Plan of the Northwest**  
 500 NE Multnomah St., Suite 100, Portland, OR 97232-2099  
 1-877-221-8221 or TRS: 711

**Kaiser Foundation Health Plan of Washington**  
 601 Union St., Suite 3100, Seattle, WA 98101-1374  
 1-888-901-4636 or 1-800-833-6388 or TRS:711

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