



# Health Net Medicare Programs Disenrollment Form

If you request disenrollment, you must continue to receive all medical care from Health Net Medicare Programs until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of the Health Net Medicare Programs network. We will notify you of your effective date after we have received this form from you. Please fax this form to: Health Net Medicare Programs Enrollment Services (818) 337-7241, or mail to Health Net Medicare Programs Enrollment Services, P.O. Box 10198, Van Nuys, CA 91499.

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"/> Male <input type="checkbox"/> Female	Home Phone Number: ( )	

Effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (must be the 1<sup>st</sup> day of the month)

Reason:  Premium too high     Claims payment unsatisfactory     Customer service unsatisfactory  
 Moving out of a Health Net Medicare Programs' service area    Date of move: \_\_\_\_\_  
 Other reason: \_\_\_\_\_

**Are you transitioning from one Health Net Medicare Programs Plan to another Health Net Medicare Programs Plan?**

NO, Please send me a refund check, if applicable.

YES, but I prefer to receive a refund for the premiums paid towards my current Medicare Programs Plan.

YES, please transfer my premium balance from my current Medicare Programs Plan to my NEW Medicare Programs Plan.

YES, please transfer my automatic bank draft information (bank routing number & bank account number) from my current Medicare Programs Plan to my NEW Medicare Programs Plan. For transfers to a Health Net Pearl or a Health Net Orange plan, a Quick Pay Form will be needed with a voided check.

Is your bank account being automatically debited for payments?

What Health Net Medicare Programs Plan are you changing to? \_\_\_\_\_

Please allow 3-7 business days for processing. To check the status of cancellation please call Medicare Member Services at 1-800-275-4737, 8:00 a.m.- 8:00 p.m., 7 days a week, for Health Net Seniority Plus Ruby, Seniority Plus Green and Healthy Heart I. Call 1-800-431-9007, 8:00 a.m. to 8:00 p.m., 7 days a week for Health Net Seniority Plus Amber, Seniority Plus Amber I, Seniority Plus Amber II and Healthy Heart II. Call 1-800-960-4638, 8:00 a.m. to 8:00 p.m., 7 days a week for Health Net Options Plus Violet. Call TDD/TTY at 1-800-929-9955, 8:00 a.m. to 8:00 p.m., 7 days a week.

**Please carefully read and complete the following information before signing and dating this disenrollment form:**

On the effective date of enrollment in another Medicare Advantage or Medicare Prescription Drug Plan, I understand Medicare will automatically cancel my current membership in Health Net Medicare Programs. 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 do not enroll in such coverage at this time, I may have to pay a higher premium for this coverage in the future.

**Your Signature\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides. 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 Health Net Medicare Programs or by Medicare.

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

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

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

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

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

White Copy — Health Net      Yellow Copy — Medicare Programs      Pink Copy — Member

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