



Tufts Health Plan Medicare Preferred
 Enrollment Department – MS 69
 705 Mt. Auburn Street
 Watertown, MA 02472-9933

Tufts Health Plan Senior Care Options (HMO SNP) Disenrollment Form

If you request disenrollment, you must continue to get all medical care from Tufts Health Plan Senior Care Options until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of the Tufts Health Plan Senior Care Options network. We will notify you of your effective date after we get this form from you.

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"/> M <input type="checkbox"/> F	Home Phone Number: ()	

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

If I have enrolled in another Medicare Advantage, Medicare Advantage Special Needs Plan or Medicare Prescription Drug Plan, I understand Medicare will cancel my current membership in Tufts Health Plan Senior Care Options (HMO SNP) on the effective date of that new enrollment. 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 want Medicare prescription drug coverage in the future, I may have to pay a higher premium for this coverage.

Your Signature* _____ Date: _____

*Or the signature of the person authorized to act on your behalf under the laws of the State where you live. 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 Tufts Health Plan or by Medicare.

<p>If you are the authorized representative, you must provide the following information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone Number: (_____) _____ - _____</p> <p>Relationship to Enrollee: _____</p>

Tufts Health Plan is an HMO plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in Tufts Health Plan depends on contract renewal.

Tufts Health Plan Senior Care Options is a voluntary MassHealth program in association with EOHHS and CMS.