

Allwell Medicare Advantage Plans Disenrollment Form



If you request disenrollment, you must continue to get all medical care from Allwell until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of Allwell's 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Mrs.
			<input type="checkbox"/> Ms.
Medicare number			
<input type="text"/>			
Birth date	Sex	Home phone number	
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> - <input type="text"/> - <input type="text"/>	
M M D D Y Y Y Y			

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

If I have enrolled in another Medicare Advantage or Medicare Prescription Drug Plan, I understand Medicare will cancel my current membership in Allwell 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.

Signature*	Today's date
<input type="text"/>	<input type="text"/>
	M M D D Y Y Y Y

*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 Allwell or by Medicare.

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

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Phone number	Relationship to enrollee
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

Typically, you may disenroll from a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year or during the Medicare Advantage Open Enrollment Period from January 1 through March 31 of each year. There are exceptions that may allow you to disenroll from a Medicare Advantage plan outside of this period.

Please read the following statements carefully, and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Election Period.

I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on (insert date).

M	M	D	D	Y	Y	Y	Y

I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help or lost Extra Help) on (insert date).

M	M	D	D	Y	Y	Y	Y

I have both Medicare and Medicaid (or my State helps pay for my Medicare premiums) or I get Extra Help paying for Medicare prescription drug coverage, but I haven't had a change.

I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date).

M	M	D	D	Y	Y	Y	Y

I am joining a PACE program on (insert date).

M	M	D	D	Y	Y	Y	Y

I am joining employer or union coverage on (insert date).

M	M	D	D	Y	Y	Y	Y

I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date).

M	M	D	D	Y	Y	Y	Y

If none of these statements applies to you or you're not sure, please contact your local health plan at one of the phone numbers listed on the following page to see if you are eligible to disenroll. We are open from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends and on federal holidays.

Allwell is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.

Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allwell:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Allwell’s Member Services telephone number listed for your state on the Member Services Telephone Numbers by State Chart. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Allwell has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number in the chart below and telling them you need help filing a grievance; Allwell’s Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TTY: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Member Services Telephone Numbers by State Chart

State	Telephone Number and Plan Type
Arizona	1-800-977-7522/1-877-935-8020 (HMO and HMO SNP) (TTY: 711)
Arkansas	1-855-565-9518 (HMO) (TTY: 711)
Florida	1-844-293-2636 (HMO); 1-877-935-8022 (HMO SNP) (TTY: 711)
Georgia	1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711)
Illinois	1-855-766-1736 (HMO) (TTY: 711)
Indiana	1-855-766-1541 (HMO and PPO); 1-833-202-4704 (HMO SNP) (TTY: 711)
Kansas	1-855-565-9519 (HMO); 1-833-402-6707 (HMO SNP) (TTY: 711)
Louisiana	1-855-766-1572 (HMO) (TTY: 711)
Mississippi	1-844-786-7711 (HMO); 1-833-260-4124 (HMO SNP) (TTY: 711)
Missouri	1-855-766-1452 (HMO); 1-833-298-3361 (HMO SNP) (TTY: 711)
New Mexico	1-844-810-7965 (HMO SNP) (TTY: 711)
Ohio	1-855-766-1851 (HMO); 1-866-389-7690 (HMO SNP) (TTY: 711)
Pennsylvania	1-855-766-1456 (HMO); 1-866-330-9368 (HMO SNP) (TTY: 711)
South Carolina	1-855-766-1497 (HMO and HMO SNP) (TTY: 711)
Texas	1-844-796-6811 (HMO); 1-877-935-8023 (HMO SNP) (TTY: 711)
Wisconsin	1-877-935-8024 (HMO SNP) (TTY: 711)

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the Member Services number listed for your state in the Member Services Telephone Number Chart.

SPANISH: ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al número del Departamento de Servicios al Afiliado que se enumera para su estado en la Ficha de Números de Teléfono del Departamento de Servicios al Afiliado.

VIETNAMESE: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin vui lòng gọi số điện thoại phục vụ hội viên dành cho tiểu bang của quý vị trong Bảng số điện thoại dịch vụ hội viên.

CHINESE: 請注意: 如果您使用中文, 您可以免費獲得語言援助服務。請撥會員服務部電話號碼表所列的您所在州的會員服務部號碼。

FRENCH CREOLE (HAITIAN CREOLE): ATANSYON: Si w pale kreyòl ayisyen, ou ka resevwa sèvis gratis ki la pou ede w nan lang pa w. Rele nimewo sèvis manm pou eta kote w rete a. W ap jwenn li nan tablo nimewo telefòn sèvis manm yo.

ARABIC:

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم خدمات الأعضاء المُدرج في لائحة رقم هاتف خدمات الأعضاء الخاص بالولاية المقيم فيها.

FRENCH: ATTENTION : Si vous parlez français, un service d'aide linguistique vous est proposé gratuitement. Veuillez appeler le numéro de téléphone du Service aux membres spécifique à votre État qui se trouve dans le tableau de numéros de téléphone du Service aux membres.

RUSSIAN: ВНИМАНИЕ! Если Вы говорите на русском языке, мы можем предложить Вам бесплатные услуги переводчика. Позвоните в Отдел обслуживания участников по указанному для Вашего штата номеру в телефонном справочнике Отдела обслуживания участников

GERMAN: ACHTUNG: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie bitte die für Ihren Bundesstaat zuständige Rufnummer des Mitgliederkundendienstes an, die im Telefonverzeichnis des Mitgliederkundendienstes angegeben ist.

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, may makukuha ka na mga libreng serbisyon pantulong sa wika. Tawagan ang numero ng Mga Serbisyo ng Miyembro na nakalista para sa iyong estado sa Tsart ng Numero ng mga Serbisyo ng Miyembro.

PORTUGUESE: ATENÇÃO: Se falar português, estão disponíveis, gratuitamente, serviços de assistência linguística. Ligue para o número dos Serviços aos Membros indicado para o seu estado na Tabela de números de telefone destes serviços.

PENNSYLVANIAN DUTCH: Geb Acht: Wann du Deitsch schwetze kannscht, un Hilf in dei eegni Schprooch brauchst, kannscht du es Koschdefrei griege. Ruf die Glieder Nummer von dei Staat, ass iss uff die Lisch an die Glieder Hilf Telefon Nummer Kaart.

GUJARATI: સાવધાન: જો તમે ગુજરાતી બોલતા હો તો, ભાષા સહાય સેવાઓ, નિઃશુલ્ક, તમારા માટે ઉપલબ્ધ છે. સભ્ય સેવા ટેલફોન નંબર ચાર્ટમાં તમારા રાજ્ય માટે સૂચબિદ્ધ સભ્ય સેવાઓ નંબર પર કોલ કરો.

JAPANESE: 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。メンバーサービス電話番号チャートに記載されているお住まいの州のメンバーサービスまでお電話ください。

ITALIAN: ATTENZIONE: se parla italiano, sono disponibili per Lei servizi di assistenza linguistica gratuiti. Consulti la Tabella dei Numeri Telefonici dei Servizi per i Membri e chiami il numero dei Servizi per i Membri del Suo stato.

MARSHALLESE: LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin eo am ilo ejjelok wōñāān ñan kwe. Kallōk nōm̄ba in telpon in Jermal in Jipañ ñan ro Uwaan eo ej jeje ñan state eo am ilo Jaat in Nōm̄ba in Telpon in Jermal in Jipañ ñan ro Uwaan.

LAOTIAN: ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄວ້ຄ້ອຍຖ້າບໍ່ສາມາດເຂົ້າໂດຍບຸລິສະໄນ. ກະລຸນາໃຫ້ທາງເລກໝາຍບໍລິການສະມາຊິກທ່ານລະບົບໄວ້ໃນລັດຂອງທ່ານໃນແຜນພູມເລກໝາຍໂທລະສັບບໍລິການສະມາຊິກ.

HMONG: CEEV FAJ: Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau tus xov tooj ntawm Lub Chaw Pab Cuam Tswv Cuab ntawm koj lub xeev ntawm Tus Xov Tooj Ntawm Lub Chaw Pab Cuam Tswv Cuab Hauv Daim Ntawv No.

KOREAN: 알림사항: 귀하가 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 받으실 수 있습니다. 가입자 서비스 전화번호 표에 있는 귀하의 주 가입자 서비스 안내번호로 전화하십시오.

HINDI: ध्यान दें: यदि आप हिन्दी भाषी हैं, तो आपके लिए, भाषा सहायता सेवाएं, मुफ्त में, उपलब्ध हैं। सदस्य सेवा टेलीफोन नंबर चार्ट में अपने राज्य के लिए सूचीबद्ध सदस्य सेवा नंबर पर कॉल करें।

POLISH: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług tłumaczeniowych. Zadzwoń pod numer działu obsługi klienta odpowiedni dla twojego stanu, dostępny w Wypisie numerów telefonu działu obsługi klienta.

THAI: โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถขอรับบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่าย โทรไปยังหมายเลขบริการสมาชิกที่ระบุไว้ในรัฐของคุณในแผนภูมิหมายเลขโทรศัพท์สำหรับบริการสมาชิก

AMHARIC: ማሳሰቢያ: አማርኛ የሚያወሩ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶች ያለክፍያ አለልዎት። በ አባላት አገልግሎት የስልክ ቻርት ላይ ባለው በአባላት አገልግሎት ቁጥር ይደውሉ።

PERSIAN:

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی به طور رایگان در اختیار شما می باشند. با شماره تلفن خدمات اعضا برای ایالت خود که در جدول شماره تلفن های خدمات اعضا ذکر شده تماس بگیرید.

BURMESE: သတိပဋိသ္ဋ္ဌာန်: ဗမာစကားပြောလျှင်၊ သင့်အတွက် ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများ အခမဲ့ ရရှိပါသည်။ အဖွဲ့ဝင်ဝန်ဆောင်မှုများ တယ်လီဖုန်းနံပါတ်ဇယားထဲ၌ သင့်ပြည်နယ်အတွက် စာရင်းသွင်းထားသည့် အဖွဲ့ဝင်ဝန်ဆောင်မှုများနံပါတ်ကို ဖုန်းခေါ်ပါ။

DUTCH: GRAAG UW AANDACHT: Indien u Nederlands spreekt, zijn taaldiensten gratis voor u beschikbaar. Gelieve de Ledendienstenummer vermeld voor uw staat in de Ledendiensten Telefoonnummer Tabel op te bellen.

PUNJABI: ਧਿਆਨ ਦੇਵੋ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਬਨਿ ਕਸਿ ਮੁੱਲ ਦੇ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲੱਬਧ ਹਨ। ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਦੇ ਟੈਲੀਫੋਨ ਨੰਬਰ ਚਾਰਟ ਵਿੱਚ ਤੁਹਾਡੀ ਸਟੇਟ ਦੇ ਲਈ ਦੱਸੇ ਗਏ ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਦੇ ਨੰਬਰ ਉੱਤੇ ਫੋਨ ਕਰੋ।

SWAHILI: TAHADHARI: Kama unazungumza Kiswahili, huduma ya msaada wa lugha, bure, zinapatikana kwa ajili yako. Piga Nambari ya Huduma ya Mwanachama iliyoorodheshwa ya jimbo lako kwenye hiyo Chati ya Nambari za Simu za Huduma ya Mwanachama.

