P.O. Box 30007, Pittsburgh, PA 15222-0330

Disenrollment Form

Please fill out and carefully read all information on both sides of this form before signing and dating the disenrollment form. We will notify you of your effective date after we get this form from you.

Instead of sending a disenrollment request to SilverScript Individual PDP you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, to disenroll by telephone. TTY users should call 1-877-486-2048.

Last Name	First Name	Middle Initial	☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.
Member ID			
Birth Date	Sex ☐M ☐F		Home Phone Number ( )

By completing this disenrollment request, I agree to the following:
SilverScript will notify me of my disenrollment date after they get this form. I understand that until my disenrollment is effective, I must continue to fill my prescriptions at SilverScript network pharmacies to get coverage. I understand that there are limited times in which I will be able to join other Medicare plans, unless I qualify for certain special circumstances. I understand that I am disenrolling from my Medicare Prescription Drug Plan and, if I don't have other coverage as good as Medicare, I may have to pay a Part D late enrollment penalty for this coverage in the future. I understand that I am still responsible for any premiums that may be billed to me prior to the disenrollment effective date, if approved.

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 Medicare.

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

Name: _____

Address: _____

Phone Number: (____) _____- _____ Relationship to Enrollee:_____

Please see other side

Attestation of Eligibility for an Election Period

Typically, Medicare only allows beneficiaries to disenroll or change plans during the Open Enrollment Period that runs from October 15 through December 7 of each year. However, there are some exceptions that may allow you to disenroll from a Medicare Prescription Drug Plan outside of this period.

Please read the following statements carefully and check the box (or boxes) 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 a Special Enrollment 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) _____.
- ☐ I have or will gain Tricare, Indian Health Service coverage, or VA coverage on (insert date) _____.
- ☐ 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) _____.
- ☐ 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 or currently live in a long-term care facility (LTC) (for example, a nursing home or long-term care hospital). I moved/will move into an LTC on (insert date) _____.
- ☐ I recently moved out of a long-term care facility. I moved out of the facility on (insert date) _____.
- ☐ I joined or am joining a PACE program on (insert date) _____.
- ☐ I enrolled in or will enroll in an employer or union health plan on (insert date) _____.
- ☐ I enrolled in or will enroll in a Medicare Advantage Special Needs Plan (MA SNP) on _____.
- ☐ I have or will gain other creditable coverage (this includes coverage through a spouse's employer plan). This coverage is not listed above and is at least as good as Medicare coverage. My coverage will be effective on (insert date and name of new coverage) _____.
- ☐ 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) _____.

If none of these statements applies to you or you're not sure, please call 1-844-275-8120 (TTY users should call 711) to see if you are eligible to disenroll. We are open 24 hours a day, 7 days a week.

How do I submit a disenrollment request?
Fill out this form, and the accompanying disenrollment form, only if you no longer want Medicare prescription drug coverage and want to disenroll from this coverage completely.

To disenroll from SilverScript, please make the appropriate selection(s) above and fill out the accompanying disenrollment form. Send both forms back to us in the enclosed envelope so we can complete your request. You can also fax the forms to us at 1-866-552-6205.

Instead of sending a disenrollment request to SilverScript, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, to disenroll by telephone. TTY users should call 1-877-486-2048.

By disenrolling from SilverScript Individual PDP, you are disenrolling from your Medicare prescription drug coverage. If you don't enroll in another Medicare Prescription Drug Plan (or a Medicare Advantage Plan with prescription drug coverage) or you don't have or obtain other coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") within two months, you may have to pay a Part D late enrollment penalty if you enroll in Medicare prescription drug coverage in the future. For information about the Medicare plans available in your area, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you have any questions, please call 1-844-275-8120, 24 hours a day, 7 days a week. TTY users should call 711.

The pharmacy network may change at any time. You will receive notice when necessary.

Standalone Prescription Drug Plans are offered by SilverScript, a CVS Health company.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.