

# 2024 PEBB Medicare Advantage Plan Disenrollment Form

**Benefits 24/7, the new online enrollment system, will be available January 2024.**

This is a request to terminate enrollment in a PEBB Medicare Advantage plan. If you request disenrollment, you may continue to get all medical care from your current PEBB plan until the effective date of disenrollment. You will receive confirmation of your disenrollment and effective date by mail once your request has been processed.

Inaccurate, incomplete, or illegible information may delay your change request. The information written on this form replaces all enrollment forms previously submitted

Type or print clearly in blue or black ink and use all capital lettering in the spaces provided. Example: **J O H N**

Subscriber last name

Medicare number

**1**

**I am requesting 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

**UnitedHealthcare**

UnitedHealthcare PEBB Balance

UnitedHealthcare PEBB Complete

**I am requesting to (check one):**

**Terminate all PEBB retiree insurance coverage.** If choosing to voluntarily terminate all PEBB retiree insurance coverage, you may not enroll again in the future unless you reestablish eligibility for PEBB insurance coverage by becoming newly eligible.


**Change medical plan.** If choosing to change medical plans, we must also receive form E.

Requested date of termination:



The Health Care Authority (HCA) must process this form. To disenroll from a Medicare Advantage plan or Medicare Advantage Prescription Drug plan, the change in enrollment must be allowed under federal regulations. Your enrollment in a Medicare Advantage or Medicare Advantage Prescription Drug plan will terminate on the last day of the month in which HCA receives this form and any other required forms.

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

 Only the members requesting termination should sign the form. Please sign, date, and keep a copy for your records.

### Subscriber

Last name

First name

Social security number

Medicare number

Signature

Date (mm/dd/yyyy)

### Spouse or state-registered domestic partner

Last name

First name

Social security number

Medicare number


Signature

Date (mm/dd/yyyy)


### Form return

Submit form and documentation using one of the methods below:


#### Mail to:

 Washington State Health  
Care Authority  
PO Box 42684  
Olympia, WA 98504-2684

#### Fax to:

 360-725-0771

#### Secure message:

 Send us a secure message through HCA Support at [support.hca.wa.gov](https://support.hca.wa.gov), a secure website that allows you to log in to your own account to communicate with us. You will need to set up a SecureAccess Washington (SAW) account to use this option.

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

**HCA's Privacy Notice:** We will keep your information private as allowed by law. To see our Privacy Notice, go to the HCA website at [hca.wa.gov/pebb-retirees](https://hca.wa.gov/pebb-retirees).

## PEBB Program medical contractors



Do not send forms to the addresses below. This information is for reference only.

### **Kaiser Foundation Health Plan of the Northwest**

500 NE Multnomah St., Suite 100  
Portland, OR 97232-5398  
1-877-221-8221 (TRS: 711)

### **Kaiser Foundation Health Plan of Washington**

1300 SW 27th Street  
Renton, WA 98057  
1-866-648-1928  
TTY: 1-800-833-6388  
Medicare Advantage: 1-888-901-4600

### **UnitedHealthcare**

Customer Service Department  
185 Asylum Ave  
Hartford, CT 06103  
1-855-873-3268 (TRS: 711)