Senior Secure (HMO)

Employer Group Health Disenrollment Form

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

Employer or Union Name: **CITY OF SAN JOSE - HMO**	Group # **CAEGR027**	Requested Disenrollment Date: (_ _/_ _/ _ _ _ _) MM/DD/YYYY	
Last Name	First Name	MI	☐Mr. ☐Mrs. ☐Ms.
Permanent Residence Street Address (P.O. Box is not allowed)	City	State	ZIP Code

Member Identification Number	Date of Birth (_ _/_ _/ _ _ _ _) MM/DD/YYYY	☐Male ☐Female	Home Phone Number (____) -____ - _____

Reason(s) for Disenrollment (Check all that apply):

☐Moving out of the area.
☐Going to a Nursing home.
☐Going to Original Medicare.
☐Going to Medicaid.
☐Did not intend to enroll.
☐Purchased a Medicare Supplement policy.

☐Medical copayments too high.
☐Some needed medical services not covered.
☐Drugs not covered by plan formulary.
☐Did not like PCP/Problems with PCP.
☐Questions/Concerns not addressed by my doctor.
☐Office wait too long.
☐Provider's termination.

☐Questions not satisfactorily answered by Customer Service.
☐Issues with sales representative.
☐Problems accessing specialists.
☐Too long a wait when scheduling appointments.
☐Could not get health care services when sick.
☐Friends, family and/or doctor recommended.
☐Other reason:_____

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

I understand that Medicare will automatically cancel my current membership in my plan as of the date my enrollment in another Medicare Advantage or Medicare Prescription Drug Plan is effective. I understand that I might not be able to enroll in another plan at this time. I also understand that if I disenroll from my Medicare prescription drug coverage and do not enroll in other such coverage at this time, I may have to pay a higher premium for that coverage in the future.

Signature:	Today's Date:

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

Name_____

Address_____

City_____State_____ZIP Code_____

Phone Number (___) - ___ - _____ Relationship to Enrollee _____

Please return this disenrollment form to:

Office of Retirement Services
Attn: Medicare Transition Team
1737 North First St. Suite 600
San Jose, CA. 95112

Anthem Blue Cross is an HMO plan with a Medicare contract. Enrollment in Anthem Blue Cross depends on contract renewal.

It’s important we treat you fairly

That’s why we follow Federal civil rights laws in our health programs and activities. We don’t discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn’t English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498 or by email to SeniorG&AIntake@anthem.com. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Get help in your language

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Customer Service number on the back of your ID card.

English:

You have the right to get this information and help in your language for free. Call the Customer Service number on your ID card for help. (TTY/TDD: 711)

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD: 711).

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناسایی تان درج شده است، تماس بگیرید. (TTY/TDD: 711)

Hindi
आपके पास यह जानकार~ और मदद अपनी भाषा म~ मुफ़्त म~ प्राप्त करने का अ~धकार है। मदद के ~लए अपने ID काडर् पर सदस्य सेवाएँ नंबर पर कॉल कर~।(TTY/TDD: 711)

Hmong
Koj muaj cai tau txais qhov lus qhia no thiab kev pab hais ua koj hom lus yam tsis xam tus nqi. Hu rau tus nab npawb xov tooj lis Cov Kev Pab Cuam Rau Tswv Cuab nyob rau ntawm koj daim ID txhawm rau thov kev pab. (TTY/TDD: 711)

Japanese
この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、ID カードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Khmer
[illegible]

Korean
귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Punjabi
[illegible] (TTY/TDD: 711)

Russian
Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Tagalog
May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Thai
ท่านมีสิทธิขอรับบริการสอบถามข้อมูลและความช่วยเหลือในภาษาของท่านฟรี โทรไปที่หมายเลขฝ่ายบริการสมาชิกบนบัตรประจำตัวของท่านเพื่อขอความช่วยเหลือ (TTY/TDD: 711)

Vietnamese
Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)