

Membership disenrollment form

If you request disenrollment, you must continue to *get* all medical care from AmeriHealth 65[®] NJ HMO until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of AmeriHealth 65 NJ HMO's network. We will notify you of your effective date after we *get* this form from you.

Member information

Please **print** your name and address below:

Name _____

Address _____

City _____ State _____ ZIP _____

County _____ Phone _____

Date of birth _____ Gender Male Female

Member ID number _____

Please mark the box next to the reasons why you are canceling your AmeriHealth 65 NJ HMO coverage:

- | | |
|--|--|
| <input type="checkbox"/> Coverage is too expensive. | <input type="checkbox"/> I plan to enroll in another Medicare Advantage plan. |
| <input type="checkbox"/> The network is not large enough. | <input type="checkbox"/> I plan to enroll in a Medicare supplemental (Medigap) plan. |
| <input type="checkbox"/> The drug coverage is not enough. | Name of plan _____ |
| <input type="checkbox"/> I no longer live within the service area. | <input type="checkbox"/> I plan to return to Traditional Medicare. |
| <input type="checkbox"/> My physician is not part of the network. | <input type="checkbox"/> Other (please specify) _____ |

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 AmeriHealth 65 NJ HMO 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) the person is authorized under state law to complete this disenrollment; and, 2) documentation of this authority is available upon request by AmeriHealth 65 NJ or by Medicare.

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

Name _____ Phone number _____

Address _____ Relationship to enrollee _____



AmeriHealth65 HMO

A Medicare Advantage Plan from AmeriHealth HMO, Inc.

Benefits underwritten or administered by AmeriHealth HMO, Inc.

IMPORTANT NOTE ABOUT MEDIGAP RIGHTS

If you will be changing to the Original Medicare plan, you might have a special temporary right to buy a Medigap policy, also known as Medicare Supplement Insurance, even if you have existing health problems. You do not have to buy Medigap insurance to get coverage under the Original Medicare plan.

You may have a special temporary right to buy a Medigap policy if any of the following apply to you:

- **Medigap open enrollment.** If you are 65 or older and you enrolled in Part B within the past six months.
- **Moving.** If you move out of AmeriHealth 65 NJ HMO's service area, you need to apply for a Medigap policy no later than 63 days after the date your coverage in our plan ends.
- **Loss of Medicaid.** If you have been receiving any form of medical assistance (Medicaid) from the state (for example, if Medicaid was paying your Medicare premiums, deductibles, or coinsurance) and you recently lost your Medicaid coverage, you can choose to disenroll from our plan and change to the Original Medicare plan. If you change to the Original Medicare plan and you would like to buy a Medigap policy, you should apply for a Medigap policy no later than 63 days after your coverage in our plan ends.
- **Trial period.** You can “try out” a Medicare Advantage plan for 12 months and keep certain Medigap rights. This is sometimes called a “trial period.” You might be in a trial period if any of the following happened within the last 12 (in some cases 24) months:
 - you dropped a Medigap policy to join this plan, and this is the first time you have been in a Medicare Advantage plan;
 - you enrolled in this plan when you were first eligible for Medicare at age 65;
 - you lost coverage under another Medicare Advantage plan while you were still in your 12-month trial period and you immediately enrolled in our Medicare Advantage plan.

To take advantage of these rights, you must voluntarily disenroll from our plan before your trial period ends and you must apply for a Medigap policy no later than 63 days after your coverage in our plan ends.

- **Other Medigap rights.** You may also have Medigap rights in other special circumstances defined by Medicare.

Federal law requires the protections described above. **Your state may have laws that provide more Medigap protections.** If you have questions, you should contact your State Health Insurance Program, New Jersey Department of Aging, at **1-856-935-7510** to get more information about Medigap policies in your state. Call **1-800-MEDICARE (1-800-633-4227)** for more information about trial periods. TTY users should call **1-877-486-2048**.

Your enrollment in a Medigap policy is not automatic. You must contact an insurance company that sells Medigap policies and request an application.

If you need any help, please call us at **1-800-645-3965**. TTY/TDD users should call **1-888-857-4816**. We are open seven days a week from 8 a.m. to 8 p.m. EST.