

Disenrollment Form

If you request disenrollment, you must continue to get all medical care from Magellan Complete Care of AZ, Inc. (MCC of AZ) (HMO SNP) until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of the MCC of AZ (HMO SNP) network. We will notify you of your effective date of disenrollment after we get this form from you.

LAST NAME	FIRST NAME	MIDDLE INITIAL	<input type="checkbox"/> MR.	<input type="checkbox"/> MS.
			<input type="checkbox"/> MRS.	<input type="checkbox"/> MISS
MEDICARE NUMBER or MEMBER NUMBER				
BIRTHDATE	GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE NUMBER ()	

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 automatically cancel my current membership in MCC of AZ (HMO SNP) on the effective date of that new enrollment.

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) This person is authorized under State law to complete this disenrollment; and 2) documentation of this authority is available upon request by MCC of AZ (HMO SNP), Medicare and/or AHCCCS.

If you are the authorized representative, you must provide the following information:				
Name: _____	Address: _____			
City: _____	State: _____	Zip Code: _____		
Phone Number: () _____	Relationship to Member: _____			

When can I change my health plan?

You can change health plans only at certain times during the year. There is a Special Election Period (SEP) for individuals who have both Medicare Parts A and B and receive any type of assistance from Medicaid.

The SEP starts the month you become dually eligible and continues as long as you receive Medicaid benefits. However, there are limits in how often it can be used. The SEP allows an individual to

enroll in, or disenroll from, an MA plan once per quarter during the first nine months of the calendar year. That means, the SEP can be used one time during each of the following time periods:

- January – March
- April – June
- July – September

When you make a request using the SEP, your enrollment status is effective the first day of the month following receipt of the request. The SEP is considered used during the month it is requested.

In addition to the above SEP, you may also join, switch or drop a Medicare health or drug plan from October 15 to December 7, for an effective date of January 1 of the following year.

There are exceptions that may allow you to disenroll from a Medicare Advantage plan outside of the SEP. Please read the following statements carefully and check each statement that applies to you. By checking any of these, 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) _____.*
- 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, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home). I moved/will move into/out of the facility on (insert date)_____.*
- I am joining a PACE program on (insert date) _____.*
- I am joining employer or union coverage on (insert date) _____.*
- 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 contact MCC of AZ (HMO SNP) at 1-800-424-4509 (TTY 711) to see if you are eligible to disenroll. We are open 8 a.m. to 8 p.m., Monday through Friday (from October 1-March 31, 7 days a week).

Magellan Complete Care of Arizona, Inc. (HMO SNP) is a managed care plan with a Medicare Advantage contract. Enrollment in MCC of AZ (HMO SNP) depends on contract renewal.