



American Health Advantage of Missouri
 201 Jordan Rd, Ste 200
 Franklin, TN 37067
 mo.amhealthplans.com

If you request disenrollment, you must continue to get all medical care from American Health Advantage of Missouri (HMO I-SNP) until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of American Health Advantage of Missouri (HMO I-SNP)'s network. We will notify you of your effective date after we get this form from you.

Last name:	First Name:	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms.
Medicare Number: (Note: may use "Member Number" instead of "Medicare Number")			
Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	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 cancel my current membership in American Health Advantage of Missouri (HMO I-SNP) 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) this person is authorized under State law to complete this disenrollment and 2) documentation of this authority is available upon request by American Health Advantage of Missouri or by Medicare.

<p>If you are the authorized representative, you must provide the following information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone Number: (____) ____ - _____</p> <p>Relationship to Enrollee _____</p>
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Typically, you may disenroll from a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year or during the Medicare Advantage Open Enrollment Period from January 1 through March 31 of each year. There are exceptions that may allow you to disenroll from a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box 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 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 or long-term care facility). 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 American Health Advantage of Missouri (HMO I-SNP) at 1-844-228-7934 (TTY users should call 711) to see if you are eligible to disenroll. We are open 8:00 A.M. to 8:00 P.M. seven days a week October 1 through March 31; 8:00 A.M. to 8:00 P.M. Monday to Friday April 1 through September 30.

Disclaimers

English

American Health Advantage of Missouri complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak limited English, language assistance services, free of charge, are available to you. Call 1-844-228-7934 (TTY/TDD: 711).

Español (Spanish)

American Health Advantage of Missouri cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-228-7934 (TTY/TDD: 711).

繁體中文 (Chinese)

American Health Advantage of Missouri 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-228-7934 (TTY/TDD: 711)。