

# Disenrollment Form

If you request disenrollment, you must continue to get all medical care from Health Net until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of Health Net'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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input type="checkbox"/> Mrs.
			<input type="checkbox"/> Ms.

Medicare number

Birth date	Sex	Home phone number
<input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input style="width: 60px; height: 30px;" type="text"/> - <input style="width: 60px; height: 30px;" type="text"/> - <input style="width: 60px; height: 30px;" type="text"/>
M M D D Y Y Y Y		

**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 Health Net 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.

<b>Signature*</b>	<b>Today's date</b>
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/>
	M M D D Y Y Y Y

\*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 Health Net or by Medicare.

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

**Name**

**Address**

<b>Phone number</b>	<b>Relationship to enrollee</b>
<input style="width: 60px; height: 30px;" type="text"/> - <input style="width: 60px; height: 30px;" type="text"/> - <input style="width: 60px; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

Mail to: P.O. Box 10420  
 Van Nuys, CA 91499-6208

or

Fax to: (866) 214-1992 - Attention Karen Jackson

**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).

M	M	D	D	Y	Y	Y	Y

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).

M	M	D	D	Y	Y	Y	Y

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).

M	M	D	D	Y	Y	Y	Y

I am joining a PACE program on (insert date).

M	M	D	D	Y	Y	Y	Y

I am joining employer or union coverage on (insert date).

M	M	D	D	Y	Y	Y	Y

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).

M	M	D	D	Y	Y	Y	Y

If none of these statements applies to you or you're not sure, please contact your local health plan at one of the phone numbers listed on the following page to see if you are eligible to disenroll. We are open from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends and on federal holidays.

Health Net is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

Section 1557 Non-Discrimination Language  
Notice of Non-Discrimination

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Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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FLY022809E000 (8/18)

CA\_OR\_19\_8313MLI\_C 07302018

ARABIC	<p>تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم.  California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),  1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO)  (مكبلا و مصلا فتا ه مقرر: 711).</p>
ARMENIAN	<p>ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ:  <b>Զանգահարեք:</b> California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),  1-800-275-4737 (all other HMO) (TTY: 711).</p>
CHINESE	<p>注意：如果您說中文，您可以免費獲得語言援助服務。請致電  California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737  (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711)。</p>
CUSHITE	<p>XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii,  kanfaltiidhaan ala, ni argama. Bilbilaa Oregon: 1-888-445-8913 (HMO and PPO)  (TTY: 711).</p>
FRENCH	<p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous  sont proposés gratuitement. Appelez le Oregon: 1-888-445-8913 (HMO and PPO)  (TTY: 711).</p>
GERMAN	<p>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche  Hilfsdienstleistungen zur Verfügung. Rufnummer Oregon: 1-888-445-8913  (HMO and PPO) (TTY: 711).</p>
HINDI	<p>ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया  California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737  (all other HMO) (TTY: 711). पर कॉल करें।</p>
HMONG	<p>LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab  dawb rau koj. Hu rau California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO  SNP), 1-800-275-4737 (all other HMO) (TTY: 711).</p>
JAPANESE	<p>注意事項：日本語を話される場合、無料の言語支援サービスをご利用い  ただけます。California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),  1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY:711)  にお電話ください。</p>
KOREAN	<p>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수  있습니다. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),  1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711)  번으로 전화해 주십시오.</p>

MON-KHMER  
CAMBODIAN

ចណាបអារម្មណៈ បេសនអ្នកនយាយភាសាខ្មែរ សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គមានសវាបអ្នក។ សូម  
ទូរស័ព្ទទៅលេខCalifornia: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),  
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) ។

PERSIAN

توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد.  
California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), لطفاً با شماره  
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO)  
(TTY: 711) تماس بگیرید.

PUNJABI

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ  
ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ California: 1-800-431-9007 (Jade,  
Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711)  
‘ਤੇ ਕਾਲ ਕਰੋ।

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență  
lingvistică, gratuit. Sunați la Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны  
бесплатные услуги перевода. Звоните California: 1-800-431-9007 (Jade, Sapphire,  
Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913  
(HMO and PPO) (TTY: 711).

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de  
asistencia lingüística. Llame al California: 1-800-431-9007 (Jade, Sapphire, Amber,  
and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and  
PPO) (TTY: 711).

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga  
serbisyo ng tulong sa wika nang walang bayad. Tumawag sa California:  
1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other  
HMO) (TTY: 711).

THAI

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร California:  
1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other  
HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до  
безкоштовної служби мовної підтримки. Телефонуйте за номером  
Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn  
phí dành cho quý vị. Xin gọi California: 1-800-431-9007 (Jade, Sapphire, Amber,  
and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and  
PPO) (TTY: 711).