



Health Net Medicare Advantage Plans

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 type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Medicare #:			
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 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.

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 Health Net or by Medicare.

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

Name: _____

Address: _____

Phone number: (____) _____ - _____

Relationship to enrollee: _____

Health Net has a contract with Medicare to offer HMO and HMO SNP plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

FRM012953EO00 (9/17)

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 Disenrollment Period from January 1 through February 14 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 have both Medicare and Medicaid, or my State helps pay for my Medicare premiums.
- I get extra help paying for Medicare prescription drug coverage.
- I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date) _____.
- 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) _____.

If none of these statements applies to you or you're not sure, please contact Health Net at Oregon/Washington: 1-888-445-8913; California Amber, Jade and Sapphire plans: 1-800-431-9007; all other California HMO plans: 1-800-275-4737 (TTY users should call 711) to see if you are eligible to disenroll. From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 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 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 February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 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>.

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).

ARABIC

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ:
Զանգահարեք: California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),
1-800-275-4737 (all other HMO) (TTY: 711).

ARMENIAN

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)。

CHINESE

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii,
kanfaltiidhaan ala, ni argama. Bilbilaa Oregon: 1-888-445-8913 (HMO and PPO)
(TTY: 711).

CUSHITE

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).

FRENCH

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche
Hilfsdienstleistungen zur Verfügung. Rufnummer Oregon: 1-888-445-8913
(HMO and PPO) (TTY: 711).

GERMAN

ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क 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।

HINDI

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).

HMONG

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。

JAPANESE

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.

KOREAN

MON-KHMER CAMBODIAN	<p>ចំណាប់អារម្មណ៍: បេសនអ្នកនយាយភាសាខ្មែរ សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គ្មានសវនករ។ សូម ទូរស័ព្ទទៅលេខ 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>
PERSIAN	<p>توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره 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) تماس بگیرید.</p>
PUNJABI	<p>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।</p>
ROMANIAN	<p>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).</p>
RUSSIAN	<p>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).</p>
SPANISH	<p>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).</p>
TAGALOG	<p>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).</p>
THAI	<p>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).</p>
UKRAINIAN	<p>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).</p>
VIETNAMESE	<p>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).</p>

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