



P.O. Box 10138  
Newark, NJ 07101-9633  
BravenHealth.com

### Braven Health Disenrollment Form

If you request disenrollment from your Braven Health Medicare Advantage plan, you must continue to get all medical care from your plan until the effective date of disenrollment. If we determine you are eligible for disenrollment, we will send you a letter confirming your disenrollment after we get this form from you. See page 2 for instructions on where to send the completed form.

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<b>Member ID Number (found on your Braven Health member ID card, beginning with 3HZN):</b>		
<b>Birth Date:</b>	<b>Sex:</b>	<b>Home Phone Number:</b>

**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 Braven Health 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 or by Medicare.

<p><b>If you are the authorized representative, you must provide the following information:</b></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Phone Number:</b> _____</p> <p><b>Relationship to Member:</b> _____</p>
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*(Continued on the next page.)*



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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 to disenroll from your plan.

- 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) \_\_\_\_\_.
- I enrolled into a Medicare Advantage plan when I turned 65 and I want to return to Original Medicare (only valid within 12 months of enrollment into the Medicare Advantage plan).
- I am enrolling into another type of Part D coverage (for example, TriCare or VA coverage). My enrollment in that coverage started on (insert date) \_\_\_\_\_.
- I was impacted by a disaster or emergency declared by a government agency.
- Other reason: \_\_\_\_\_.

If none of these statements applies to you or you're not sure, please contact us at 1-833-272-8360 to see if you are eligible to disenroll. We are open weekdays from 8 a.m. to 8 p.m., Eastern Time (ET). TTY users should call 711.

**Mail the completed form to the address below. You can also fax your request to 973-274-2295.**

Braven Enrollment Department  
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Newark, NJ 07101-9633



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