

8170 33rd Avenue South
P.O. Box 9463
Minneapolis, MN 55440-9463



Dear HealthPartners Freedom Member

Attached is the disenrollment form you requested. Please complete the entire form, sign it, and return it to us in the enclosed envelope, or mail it to your local Social Security Office or Railroad Retirement Board Office. You can also fax it to us, as long as the signature and date are readable. Our fax number is 952-853-8746. You can also disenroll by calling 1-800-MEDICARE (1-800-633-4227) TTY users can call 1-877-486-2048.

If you are joining another Medicare Advantage or Medicare health plan, it is not necessary for you to complete the enclosed disenrollment form. You will be automatically disenrolled from HealthPartners Freedom (Cost) if you submit an enrollment application for a new Medicare plan. However, please note that you can generally only choose other Medicare health plans, including drug plans, at certain times of the year.

If you have selected to have Medicare prescription drug coverage from HealthPartners Freedom, by disenrolling from HealthPartners Freedom you are also disenrolling from Medicare prescription drug coverage. You generally may only change to a new Medicare drug plan during certain times of year. If you do not have Medicare drug coverage, or other coverage that is at least as good as Medicare drug coverage, you may have to pay a penalty in addition to your plan premium for Medicare drug coverage in the future. For information about Medicare drug plans available in your area you can call 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

We will mail a copy of the disenrollment form back to you with the date of your disenrollment written on the form.

HealthPartners is a Cost plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.

H2462_73251 Accepted 10/15/2013 Disenroll Req Ltr

H2462_73373 Approved 11/01/2013 Disenrollment Form

If you need assistance, or if you have any questions, please contact customer service at 952-883-7979 or 1-800-233-9645. TTY users should call 952-883-6060 or 1-800-443-0156.

From October 1 through February 14, we take calls from 8 a.m. to 8 p.m., **seven days a week**. You'll speak with a representative.

From February 15 to September 30, call us 8 a.m. to 8p.m. **Monday through Friday** to speak with a representative. On Saturdays, Sundays and holidays, you can leave a message and we'll get back to you within one business day.

Thank you.

Sincerely,

Carrie McWell

Carrie McWell
Senior Manager, Membership Accounting

Attachment

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The HealthPartners[®] Freedom Plan (Cost) Disenrollment Form

Disenrollment Responsibilities: Please carefully read and complete the following information before signing and dating this disenrollment form.

Note: If you want to return to Original Medicare (also known as the Medicare fee-for-service program), then you must complete this disenrollment form. We will notify you of the effective date of your disenrollment after we have received this form from you.

If you want to join another Medicare Advantage or Medicare health plan immediately following termination from HealthPartners Freedom, then you do **not** need to complete this form. Once you enroll in another Medicare plan, your current membership in HealthPartners Freedom will automatically be cancelled. However, please note that you can generally only choose other plans at certain times of the year.

If you have selected to have Medicare prescription drug coverage from HealthPartners Freedom, by disenrolling from HealthPartners Freedom you are also disenrolling from Medicare prescription drug coverage. You generally may only change to a new Medicare drug plan during certain times of year. If you do not have Medicare drug coverage, or other coverage that is at least as good as Medicare drug coverage, you may have to pay a penalty in addition to your plan premium for Medicare drug coverage in the future. For information about drug plans available in your area you can call 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Typically, you may disenroll from a Medicare prescription drug plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to disenroll from a Medicare prescription drug plan outside of this period.

If you are disenrolling from our prescription drug plan only, 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 HealthPartners Freedom at 952 883-7979 or 1-800-233-9645. TTY users should call 952-883-6060 or 1-800-443-0156.

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From October 1 through February 14, we take calls from 8 a.m. to 8 p.m., **seven days a week**. You'll speak with a representative. From February 15 to September 30, call us 8 a.m. to 8p.m. **Monday through Friday** to speak with a representative. On Saturdays, Sundays and holidays, you can leave a message and we'll get back to you within one business day.

Please check one:

- Cancel my medical and prescription drug coverage**
- Cancel only my prescription drug coverage**

Name:	Date of Birth:	Sex:
Address:		
HealthPartners Member Number:	Home Phone Number:	

Disenrollment from the HealthPartners will be effective on the first day of the month after the month HealthPartners receives the written request (unless you request a later date of disenrollment). For example, if you complete this form and submit it to HealthPartners on April 30, the last day of the month, your disenrollment will be effective the next day, May 1st. If you are requesting a later date, disenrollment cannot take place later than the third month after which you submit a completed disenrollment request to HealthPartners. Therefore, if you submit this form on April 30, the latest disenrollment date possible would be July 1.

Requested disenrollment date: _____

Member signature (or) Authorized representative: _____	Date: _____
_____	_____
Second member signature (if more than one person canceling)	
*Or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides. 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 HealthPartners or by Medicare.	

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

Name:
Address:
Phone Number:
Relationship to Enrollee:

The following information is not required, but it will help us better serve our members:

Please tell us why you chose to disenroll from HealthPartners Freedom:

- Moved permanently out of plan's service area
- Other:

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