

Blue Shield Rx Plus (PDP) and Blue Shield Rx Enhanced (PDP) Disenrollment Form

Please fill out and carefully read all the information below before signing and dating this disenrollment form. We will notify you of your effective date after we get this form from you. Instead of sending a disenrollment request to Blue Shield Medicare prescription drug plans, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, to disenroll by telephone. TTY users should call 1-877-486-2048.

Last Name															<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
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First Name															Middle Initial	
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Medicare #										Birth Date					Sex	
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Home phone number										Alternative phone number						
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By completing this disenrollment request, I agree to the following:

Blue Shield Rx Plus or Blue Shield Rx Enhanced will notify me of my disenrollment date after they get this form. I understand that until my disenrollment is effective, I must continue to fill my prescriptions at Blue Shield Rx Plus or Blue Shield Rx Enhanced network pharmacies to get coverage. I understand that there are limited times in which I will be able to join other Medicare plans, unless I qualify for certain special circumstances. I understand that I am disenrolling from my Medicare Prescription Drug Plan and, if I don't have other coverage as good as Medicare, I may have to pay a late enrollment penalty for this coverage in the future.

Your Signature*:	Date:
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* 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 Blue Shield of California or by Medicare.

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

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☐ 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).

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If none of these statements applies to you or you're not sure, please contact Blue Shield Rx Plus or Blue Shield Rx Enhanced Member Services at **(888) 239-6469** (TTY users should call **711**) to see if you are eligible to disenroll. We are open 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m., Saturday and Sunday) from April 1 through September 30.

RETURN FORM TO:

County of San Bernardino
Employee Benefits and Services Division (EBSD)
175 West Fifth Street, First Floor
San Bernardino, CA 92415-0440
(909) 387-5787 Fax (909) 387-5566