

Enhanced Dental and Vision package disenrollment form

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

I hereby acknowledge by signing below that I wish to disenroll from the Priority Health Optional Enhanced Dental and Vision package. I understand that if I disenroll midyear, I cannot re-enroll in this enhanced plan until the next enrollment period for which I am eligible. **I'll be disenrolled effective on the first of the month after Priority Health receives my signed and completed disenrollment form.**

☐ By checking this box I acknowledge this form is submitted during the Annual Enrollment Period (October 15 – December 7) and I will be disenrolled effective January 1 of the upcoming plan year.

To disenroll, please provide the following information:				
Last name		First name		Middle initial
Medicare number (on your red, white and blue card)		Contract number (on your Priority Health member ID card)		
Phone number that we may use to contact you: ()		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date ____/____/____ MM DD YYYY	
Your signature x_____			Date ____/____/____ MM DD YYYY	
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 Priority Health or by Medicare.				
If you are the authorized representative, you must provide the following information:				
Name				
Address				
Relationship to enrollee		Phone number that we may use to contact you: ()		

Mail your completed disenrollment form to: Priority Health, MS 1175, 1231 E. Beltline, Grand Rapids, MI 49525 or scan and email to PH-MedicareEnrollment@spectrumhealth.org.

Disenrolling in the Optional Enhanced Dental and Vision package does not disenroll you from your Priority Health Medicare Advantage plan. If you have any questions contact Customer Service at 888.389.6648, seven days a week, 8 a.m.–8 p.m. (TTY users call 711).

If you disenroll from the Optional Enhanced Dental and Vision package, you will continue to have embedded dental and vision coverage included as part of your Medicare Advantage plan. Refer to your Evidence of Coverage document for details.