



If you request disenrollment, you must continue to get all medical care from Leon Medical Centers Health Plans until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of the Leon Medical Centers Health Plans' 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 Leon Medical Centers Health Plans 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 Leon Medical Centers Health Plans or by Medicare.

<p>If you are the authorized representative, you must provide the following information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone Number: (_____)_____-_____</p> <p>Relationship to Enrollee: _____</p>
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Leon Medical Centers Health Plans is an HMO plan with a Medicare contract. Enrollment in Leon Medical Centers Health Plans depends on contract renewal. This information is available for free in other languages. Please contact our Member Service number at 305-559-5366 or toll-free at 1-866-393-5366, TTY 711 seven days a week from 8:00 am to 8:00 pm. Esta información está disponible de forma gratuita en otros idiomas. Por favor, póngase en contacto con nuestro Departamento de Servicios a los Miembros al 305-559-5366 o al número gratuito 1-866-393-5366. Los usuarios de TTY por favor llame al 711 los siete días de la semana de 8:00 am a 8:00 pm. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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 Leon Medical Centers Health Plans at 305-559-5366 or toll-free at 1-866-393-5366 (TTY users should call 711) to see if you are eligible to enroll. We are open seven days a week from 8:00 am to 8:00 pm.

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