



# Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

PO Box 1827  
Medford, OR 97501  
Toll-Free for PPO: 1 (800) 541-8981  
Toll-Free for HMO: 1 (855) 522-8896  
TTY users should call 711  
Fax: 1-888-335-2988

## Regence Medicare Advantage Plans (PPO/HMO) Disenrollment Form

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

<b>If you are the authorized representative, you must provide the following information:</b>
Name _____
Address _____
Phone Number (       ) _____
Relationship to Enrollee _____



**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 Regence Medicare Advantage Plans for PPO at 1 (800) 541-8981 or for HMO at 1 (855) 522-8896 (TTY users should call 711) to see if you are eligible to disenroll. We are open from 8:00 a.m. to 8:00 p.m., Monday through Friday. From October 1 through February 14, we are open 8:00 a.m. to 8:00 p.m., seven days a week.

Regence BlueCross BlueShield of Oregon is a PPO/HMO plan with a Medicare contract. Enrollment in Regence BlueCross BlueShield of Oregon depends on contract renewal.



## DISCRIMINATION IS AGAINST THE LAW

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Regence:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact our Customer Service at 1-800-541-8981.

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Appeals and Grievance department by writing us at PO Box 1827 MS: B32AG, Medford, OR 97501, by calling us at 1-866-749-0355, (TTY: 711), by sending a fax to 1-888-309-8784, or by emailing us at [medicareappeals@regence.com](mailto:medicareappeals@regence.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Appeals and Grievance department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## HELP IN OTHER LANGUAGES

The following translations help people who do not read English know who to call for help. Including these translations is a federal requirement for all health plans sold on the state or federal marketplaces.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-541-8981 (TTY: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-541-8981 (TTY: 711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-541-8981 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-541-8981 (TTY: 711) 번으로 전화해 주십시오.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-541-8981 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-541-8981 (телетайп: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-541-8981 (ATS : 711).

**Japanese:** 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-541-8981 (TTY:711) まで、お電話にてご連絡ください。

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jíik'eh, éi ná hóló, koji' hódíílnih 1-800-541-8981 (TTY: 711.)

**Tongan:** FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-541-8981 (TTY: 711).

**Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-541-8981 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Cambodian:** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អៗ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-541-8981 (TTY: 711)។

**Panjabi:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-541-8981 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-541-8981 (TTY: 711).

**Amharic:** ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-541-8981 (መስማት ለተሳናቸው: 711)።

**Ukrainian:** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-541-8981 (телетайп: 711).

**Nepali:** ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-541-8981 (टिपिवाइ: 711) ।

**Romanian:** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-541-8981 (TTY: 711).

**Sudan (Fulfulde):** MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-541-8981 (TTY: 711).

**Thai:** เรียบ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-541-8981 (TTY: 711).

**Laotian:** ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-541-8981 (TTY: 711).

**Cushite/Oromo:** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-541-8981 (TTY: 711).

**Persian (Farsi):**

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-541-8981 (TTY: 711) تماس بگیرید.

**Arabic:**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-541-8981 (رقم هاتف الصم والبكم: 711).