



Please fill out and carefully read all 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 mailing a disenrollment request, you can call us toll-free at 833.201.9256 (TTY: 1.866.215.1999) Monday to Friday: 7:30am to 8:00pm (AST), Saturday: 9:00am to 6:00pm (AST), Sunday: 11:00am to 5:00pm (AST).

| | | | | | |
|-------------|--|---|--|-------------------------------|--|
| Last Name: | | First Name: | | Middle Initial: | |
| Member ID: | | | | | |
| Birth Date: | | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | | Home Phone Number: () | |

By completing this disenrollment request, I agree to the following:

Triple-S Salud 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 Triple-S Optimo PSHB 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 Triple-S Optimo PSHB 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.

Signature* _____ Date: _____

*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 Medicare.

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

| |
|---|
| Name: _____ |
| Address: _____ |
| Phone Number: (____) ____- _____ |
| Relationship to Enrollee _____ |

S2135_TS PSHBDENROLL_807

Triple-S Salud is an independent licensee of BlueCross BlueShield Association. Medicare prescription drug benefits under the Triple-S Optimo PSHB plan are sponsored by the Blue Cross Blue Shield Association under its Medicare contract S2135