

Group Disenrollment Form

If you request disenrollment from your SilverScript® Employer Prescription Drug plan for MHBP, you must continue to use your MHBP SilverScript Employer Prescription Drug ID card to access prescription drugs until your disenrollment becomes effective. Once your disenrollment is effective, you will utilize your MHBP ID card to access prescription medicines.

We will notify you of your disenrollment date by mail.

Last name	First name	Middle initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
			<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Medicare number	Birth date		
Sex on file <input type="checkbox"/> M <input type="checkbox"/> F	Home phone number ()		

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

If I have enrolled in a different Medicare prescription drug plan (Part D) or a Medicare Advantage plan (Part C), I understand Medicare will automatically cancel my current enrollment in the SilverScript Employer Prescription Drug plan for MHBP on the effective date of my new enrollment.	
Your signature*	Date
<p>*This can also be the signature of an authorized person who can act on your behalf under the laws of the State where you live. If signed by an authorized person, their signature certifies that:</p> <p>1) They are authorized under State law to complete this disenrollment</p> <p>And</p> <p>2) Documentation of their authority is available, if requested</p>	

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

Name	
Address	
Phone number ()	Relationship to enrollee

If you have any questions, just contact our Retiree Service Center at [1-833-825-6755](tel:1-833-825-6755) (TTY: [711](tel:711)), Monday to Friday, 8 AM to 8 PM ET.

Return the completed form to the following address: Group Aetna Medicare PO Box 7082 London, KY 40742	Or fax to: 1-833-806-0689 Attn: Group Disenrollment
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