



Group Disenrollment Form

If you request disenrollment from your Group Medicare plan, you must use your Aetna® Medicare card to access care until your disenrollment becomes effective.

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 <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 another Medicare Advantage or Medicare Part D prescription drug plan, I understand Medicare will automatically cancel my current membership in the Aetna Medicare plan on the effective date of my new enrollment.	
Your signature*	Date
*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: 1) They are authorized under State law to complete this disenrollment And 2) Documentation of their authority is available, if requested	

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 **1-866-241-0262 (TTY: 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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Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year.

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, free language assistance services are available. Visit our website at AetnaRetireePlans.com or call the phone number listed in this material.

ESPAÑOL (SPANISH): ATENCIÓN: Si usted habla español, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web en AetnaRetireePlans.com o llame al número de teléfono que se indica en este material.

繁體中文 (CHINESE): 請注意：如果您說中文，您可以獲得免費的語言協助服務。請造訪我們的網站 AetnaRetireePlans.com 或致電本材料中所列的電話號碼。