

AmeriHealth Caritas VIP Care  
P.O. Box 7151  
London, KY 40742-7151



**Important information**

**This page was left blank on purpose.**

## Information to include on or with Disenrollment Form –Attestation of Eligibility for an Election Period

Dear

**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 Open Enrollment Period from January 1 through March 31 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 recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) \_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost 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) \_\_\_\_\_.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) \_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) \_\_\_\_\_.

If none of these statements applies to you or you're not sure, please contact Amerihealth Caritas VIP Care (HMO-SNP) at 1-833-535-3767 (TTY users should call 711) to see if you are eligible to disenroll. We are open October 1 – March 31: 8 a.m. – 8 p.m., seven days a week; April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday.

---

Sincerely,  
AmeriHealth Caritas VIP Care

AmeriHealth Caritas VIP Care is an HMO-SNP plan with a Medicare contract and a contract with the Florida Medicaid program. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal.

**You can get this document for free in other formats, such as large print, braille, or audio. Call 1-833-535-3767, October 1 – March 31: 8 a.m. – 8 p.m., seven days a week; April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday. The call is free.**

ATANSYON: Si w pale kreyòl, ou ka resevwa sèvis pou ede w nan lang pa w san w pa peye pou sa. Rele nan 1-833-535-3767 (TTY 711) lendi pou vandredi, soti 8 à nan maten rive 8 è diswa, ant 1ye avril ak 30 septanm, oswa sèt jou sou sèt, soti 8 è nan maten rive 8 è diswa, ant 1ye oktòb ak 31 mas. Apèl la gratis.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-535-3767 (TTY 711) de lunes a viernes, de 8 a. m. a 8 p. m., del 1 de abril al 30 de septiembre; o los siete días de la semana, de 8 a. m. a 8 p. m., del 1 de octubre al 31 de marzo. La llamada es gratuita.

H6378\_001\_126672\_C