

AmeriHealth Caritas VIP Care Choice
P.O. Box 7108
London, KY 40742-7108



Important information

This page is left blank.

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

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 Choice (HMO-SNP) at 1-833-467-3302 (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 Choice

AmeriHealth Caritas VIP Care Choice is an HMO-SNP with a Medicare Contract and contract with the Delaware Medicaid Program. Enrollment in AmeriHealth Caritas VIP Care Choice depends on contract renewal.

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-833-467-3302, 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.

H0738_002_126672_C