Medica SeniorDental® Plan
REQUEST FOR DISENROLLMENT FORM

MEDICA®

MEMBER INFORMATION (Please type or print in ink)

Legal First Name	M.I.	Last Name	Birth Date

Home Telephone ( )	Medicare Claim Number *(required)*

Medica Member Number *(required)*	Requested Disenrollment Date (MM/DD/YYYY) / /

REASON FOR DISENROLLMENT Please check one:

- ❑ Moving out of service area
- ❑ Too expensive
- ❑ Dissatisfied with coverage
- ❑ Other:_____
- ❑ Enrolling in another Managed Care Plan
- ❑ Dissatisfied with administration/service/sales

Disenrollment will be effective the last day of the month in which we receive your written request, unless you request a later date. To receive the highest level of benefits you must continue to receive dental care until the effective date of disenrollment. **Note:** Applicant may only enroll once each calendar year. Requests to disenroll from SeniorDental must be made through Medica.

If you have any questions, please call Medica toll-free at 1-800-234-8755, 8 a.m. to 8 p.m. CT, 7 days a week. (TTY: 711)

I authorize the use of a Medicare claim number for purposes of identification. I have the right to revoke this authorization at any time by providing written notice to Medica. I understand that my signature (or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides) on this form means that I have read and understand the contents of this form. If signed by an authorized representative (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 Medica or by Medicare.

X _____ _____

Applicant or Authorized Representative Date

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

Name: _____ Address:_____

Telephone Number:_____ Relationship to Member: _____

Mail completed form to: Medica Medicare Solutions, PO Box 6300, Eau Claire, WI 54702-9713 or Fax to: 1-855-250-2166.