Commonwealth Care Alliance
Enrollment Department
30 Winter Street
Boston, MA 02108

Disenrollment Form

If you request disenrollment, you must continue to get all medical care from CCA Senior Care Options (HMO Medicaid) until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of our network. We will notify you of your effective date after we get this form from you.

Last Name:	First Name:	Middle Initial:	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss. ☐ Mx.
Member Number:			
Birth Date: _____/_____/_____ Month Day Year	Sex: ☐ M ☐ F	Home Phone Number: ( ) _____	

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

I understand MassHealth (Medicaid) will cancel my current membership in CCA Senior Care Options. I understand that I might not be able to enroll in another plan at this time.

Your Signature*: _____ **Date**: _____

*Or the signature of the person authorized to act on your behalf under the laws of the State where you live. If signed by an authorized individual (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 CCA Senior Care Options or by Medicare.

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

Name: _____

Address: _____

Phone Number: ( ) _____

Relationship to Enrollee: _____

Please read the following statements carefully and check the box if the statement applies to you.

☐ 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 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 MassHealth (Medicaid) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.

If none of these statements applies to you or you're not sure, please contact CCA Senior Care Options at 866-610-2273 (TTY users should call 711) to see if you are eligible to disenroll. We are open 7 days a week, 8 am to 8 pm, 7 days a week.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711).

You can get this document for free in other formats, such as large print, braille, or audio. Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free.