



Mail or Fax to:
P.O. Box 30196
Salt Lake City, UT 84130-0196
Fax: 801-442-0357
Phone: **855-442-9900**
selecthealth.org/medicare

Optional Supplemental Benefits (OSB) Disenrollment Form

To disenroll from your Optional Supplemental Benefits package, please complete and return this form. Enrollment in these optional supplemental benefits is not required to stay enrolled in SelectHealth Advantage®.

MEMBER INFORMATION

Name _____

Member ID (found on your SelectHealth Advantage ID card) _____

Phone # (_____) _____

Street Address _____

City _____ State _____ ZIP _____

DISENROLL FROM OPTIONAL SUPPLEMENTAL BENEFITS

☐ **I want to disenroll from the Optional Supplemental Benefit package.**

I understand that this disenrollment will be effective on the last day of the month this request is received by SelectHealth.

SIGNATURE

By signing, you agree to the disenrollment requested above and acknowledge that your monthly premium will change.

Member Signature _____ **Date** _____

Questions? Call Member Services at **855-442-9900** during the following dates and times:

- > October 1 to March 31: Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
- > April 1 to September 30: Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside of these hours of operation, please leave a message and your call will be returned within one business day. TTY users, please call 711.

SelectHealth is an HMO, HMO-SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.

SelectHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-442-9940** (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-855-442-9940** (TTY: 711)。