BlueCross BlueShield
Federal Employee Program

# FEP Medicare Prescription Drug Program Disenrollment Form

*Please fill out and carefully read all information below before signing and dating this disenrollment form. We will notify you of your disenrollment date after we get this form from you.*

| First Name: | Last Name: | Middle Initial: |
|---|---|---|
| MPDP ID *(located on your member ID card)*: | | |
| Birth Date: | Phone Number: ( ) | |

By completing this disenrollment request, I agree to the following:

The FEP Medicare Prescription Drug Program (MPDP) will notify me of my disenrollment date after they get this form. I understand that until my disenrollment is effective, I should continue to use my current Blue Cross and Blue Shield Federal Employee Program (FEP) member ID card for coverage. I understand that I am disenrolling from my Medicare Prescription Drug Plan and will be enrolled back in the traditional FEP pharmacy benefit.

Signature* ________________________________ Date: ______________

**Or the signature of the person authorized to act on behalf of the individual under the laws of the state where the individual resides. 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 Medicare.*

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

**Name:** ______________________

**Address:** _____________________________________

**Phone Number**: (___) ____- _____

**Relationship to Enrollee:** ___________________

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The FEP Medicare Prescription Drug Program (MPDP) is a prescription drug plan with a Medicare contract. Enrollment in MPDP depends on contract renewal. By enrolling in this benefit, you authorize us to send information related to your prescription drug coverage to Medicare. The Blue Cross and Blue Shield Federal Employee Program® and FEP® are trademarks owned by the Blue Cross Blue Shield Association.