

# Blue Advantage MAPD-EGWP (SEHIP) Opt-Out Form

If you want to remain in the Blue Advantage MAPD-EGWP no action is required.  
**DO NOT COMPLETE THIS FORM.**

If you have another Medicare Advantage or Medicare Part D plan and want to disenroll from Blue Advantage MAPD-EGWP please complete this form and return it to the State Employees' Insurance Board (SEIB) at the address shown below. **This form must be returned to the SEIB prior to the date you want to disenroll from the Blue Advantage MAPD-EGWP.**

**Each Medicare member (subscriber and dependent) enrolled in the State Employees' Health Insurance Plan (SEHIP) who wishes to opt-out of the Blue Advantage MAPD-EGWP must complete and return this form.**

I am a (please check one of the following):

- Medicare retiree  
 Medicare dependent of retiree  
 Medicare surviving spouse  
 Medicare dependent of surviving spouse

Subscriber's name (retiree's or surviving spouse's name) \_\_\_\_\_

Subscriber's contract number \_\_\_\_\_

Subscriber's Medicare number \_\_\_\_\_

Subscriber's Medicare Part A date \_\_\_\_\_

Medicare dependent's name (if applicable) \_\_\_\_\_

Medicare dependent's Medicare number (if applicable) \_\_\_\_\_

Medicare dependent's Medicare Part A date \_\_\_\_\_

I understand that the SEHIP Health and prescription drug benefit is changing to the **Blue Advantage** MAPD-EGWP and if I choose to disenroll from the **Blue Advantage** MAPD-EGWP, I will not have health or prescription drug coverage with the State Employees' Health Insurance Plan.

I also understand that it is my responsibility to have another Medicare Part D prescription drug plan or to obtain other creditable prescription drug coverage if I elect to complete and submit this form to opt-out of the **Blue Advantage** MAPD-EGWP.

I certify that I have completely read and fully understand the terms and conditions of submitting this form. I also attest that all representations made by me on this form are true and correct.

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Date

(Remember: Each member with Medicare who wishes to disenroll must submit a separate form.)