



IMPORTANT! ACTION REQUIRED!

AARP MEDICARE SUPPLEMENT – TERMINATION OF PLAN

IMPORTANT! You will NOT be automatically disenrolled from your current Medicare Supplement Plan when your enrollment into the new City of Houston plan offerings effective on January 1,2021.

You MUST call or provide a written request to disenroll. City of Houston is NOT able to do this on your behalf.

If you do not disenroll from the AARP Medicare Supplement plan effective 12/31/2020, you will be billed directly for 100% of your Medicare Supplement Insurance policy premium.

1. Request to disenroll by calling the following number:

- Toll-Free Number: **1-800-545-1797**
- Choose **Option #1** when prompted
- Request to terminate your coverage **effective 12/31/2020**
- If you have a spouse in the plan, please have them present when calling

-OR-

2. Complete the bottom of this form and mail back to the address listed below.

REQUEST TO TERMINATE COVERAGE

Please terminate my coverage under the AARP Medicare Supplement Plan effective 12/31/2020

MEMBER ID # (from ID card): _____

NAME (as it appears on your AARP Medicare Supplement ID):

SIGNATURE:

DATE:

SPOUSE NAME (if applicable)

SPOUSE SIGNATURE: (if applicable)

DATE:

MAIL THIS FORM TO:

UnitedHealthcare
PO Box 30607
Salt Lake City, UT 84130-0607