

Memo

To: General Agents in New York
From: Charles Mankamyer/Jim Savo
Re: First United American Medicare AEP/MADP Reminder
- UPDATED

Keep these points in mind when selling Medicare Supplements to Individuals voluntarily disenrolling from Medicare Advantage during the Medicare Advantage Annual Enrollment Period (Oct. 15 through Dec. 7, 2014) and the Medicare Advantage Disenrollment Period (Jan. 1 through Feb. 15, 2015).

- To be eligible for a Medicare Supplement, those with current Medicare Advantage (MA or MA-PD) coverage must disenroll from their MA and return to Original Medicare.
- A person enrolled in a stand-alone MA plan without prescription drug coverage CANNOT automatically disenroll from the MA plan by enrolling in a Medicare Part D Prescription Drug Plan. Unless the person contacts the MA plan or calls 1-800-MEDICARE to disenroll, the person is still enrolled in the MA plan and not eligible for a Medicare Supplement.
- A person enrolled in a Medicare Advantage Prescription Drug (Rx) Plan (MA-PD) IS able to automatically disenroll from a MA-PD plan back to Original Medicare by enrolling in a stand-alone Medicare Part D Prescription Drug Plan. Anyone disenrolling from an employer/union sponsored MA-PD plan should also notify the sponsor with their disenrollment information.
- Evidence of disenrollment from a stand-alone MA or MA-PD plan for the Home Office is made through normal procedures, which include the option of submitting a statement signed by the applicant that evidences the disenrollment procedure.
- Below is a sample Statement of Disenrollment template which may be used by an applicant to indicate how the applicant disenrolled from Medicare Advantage. Personalize the statement with your letterhead, and indicate only the company to which it is being submitted. The applicant must include the MA plan company name, and the stand-alone Part D company name, if applicable, on the statement. In addition, the statement must be signed by the applicant.

If a copy of the Medicare Advantage termination letter is available and included with the application, no signed statement is required.

SAMPLE STATEMENT OF DISENROLLMENT

Date:

To: First United American Life Insurance Company

From:

Re: **Voluntary** Cancellation of Medicare Advantage Coverage During the Annual Enrollment Period or Medicare Advantage Disenrollment Period

Medicare Advantage coverage can be voluntarily cancelled during the annual enrollment periods by: 1) notifying Medicare, 2) notifying the Medicare Advantage Plan directly, or 3) for Medicare Advantage Prescription Drug (Rx) plans **ONLY**, enrolling in a stand-alone Part D plan.

Check the disenrollment below that applies, and fill in the company name(s) and date:

____ I certify that I am enrolled in a Medicare Advantage Plan or Medicare Advantage Prescription Drug (Rx) Plan, and I notified Medicare (1.800.MEDICARE) on _____ (date) of my intention to cancel my coverage with _____ Company and return to Original Medicare.

____ I certify that I am enrolled in a Medicare Advantage or Medicare Advantage Prescription Drug (Rx) Plan with _____ Company, and I notified this Company on _____ (date) of my intention to cancel my Medicare Advantage or Medicare Advantage Prescription Drug (Rx) Plan and return to Original Medicare.

FOR CANCELLATION OF MEDICARE ADVANTAGE PRESCRIPTION DRUG (Rx) PLANS ONLY:

____ I certify that I am enrolled in a Medicare Advantage Prescription Drug (Rx) Plan with _____ Company, and I indicated my intention to cancel that coverage and return to Original Medicare on _____ (date) by completing an application for a stand-alone Part D with _____ Company for 2015 by phone or online.

Signed,

_____ (applicant)