

Dental Disenrollment Form

You may disenroll from Saint Alphonsus Health Plan’s optional supplemental dental benefit without ending your membership in Saint Alphonsus Health Plan. Please complete the information below and return.

Submit completed form via fax to 1-833-256-2871.

Membership Information

First Name	Last Name	Middle Initial
Member ID	Date of Birth	Phone Number
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		

Please carefully read and complete the following information before signing and dating this disenrollment form: I understand that I am ending my optional supplemental dental benefits from Saint Alphonsus Health Plan. Disenrollment will be effective the 1st of the month following the receipt of this written notification. I am responsible for the dental premium until I receive confirmation of disenrollment from dental from Saint Alphonsus Health Plan. No monthly pro-ration of premiums will be considered.

Your Signature*	Date
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*Or the signature of the person authorized to act on your behalf under the laws of the state where you live. 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 Saint Alphonsus Health Plan or by Medicare.

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

First Name	Last Name	Middle Initial
Street Address	City	State
Zip	Phone Number	Relationship to Enrollee

If none of these statements apply to you or you're not sure, please call Saint Alphonsus Health Plan at 1-800-240-3851 (TTY users should call 711) to see if you are eligible to disenroll. We are open 8 a.m. – 8 p.m., 7 days a week.

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to Saint Alphonsus Health Plan (HMO/PPO). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on this information is strictly prohibited. If you have received this message in error, please notify the sender immediately by calling 614-546-3794. For more information, please call Member Services at 1-800-240-3851 (TTY 711).

Saint Alphonsus Health Plan (HMO/PPO) is a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on contract renewal. Benefits vary by county. Saint Alphonsus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, sex (defined as sex at birth, legal sex and/or sex stereotyping), and gender (includes gender identity, gender expression and/or pregnancy). ATENCIÓN: is habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-240-3851 (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 1-800-240-3851 (TTY: 711).