



P.O. Box 30006, Pittsburgh, PA 15222-0330



Dear Valued Member,

We recently received your request to disenroll from the G.E.H.A Prescription Drug Plan/EGWP. Please complete the enclosed disenrollment form and return it to us in a timely manner.

You can mail the completed form to this address:

Group Aetna Medicare
P.O. Box 30001
Pittsburgh, PA 15222

Or you can fax it to:

Fax: 1-866-552-6205
Attn: Group Disenrollment

Completing all of the fields on the form is required to fulfill your request.

If you have questions about your options, we encourage you to reach out to a GEHA Plan Advisor for assistance by calling 1-800-821-6136, Monday through Friday, 7 a.m. to 7 p.m. Central Time (TTY: 1-800-821-4833) or visit geha.com.

Thank you,

G.E.H.A

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan (PDP). This Plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the Plan depends on Medicare contract renewal.



Group Disenrollment Form

If you request disenrollment from the G.E.H.A Prescription Drug Plan/EGWP, you should continue to use your G.E.H.A SilverScript® member ID card to access prescription drugs until your disenrollment becomes effective. We will notify you of your disenrollment date by mail.

G.E.H.A FEHB members: Once your disenrollment is effective, you will utilize your Federal Employees Health Benefits (FEHB) medical card to access prescription medicines.

G.E.H.A PSHB members: Once your disenrollment is effective, no prescription drug plan is provided by default, and you will not have any Postal Service Health Benefits (PSHB) Program prescription drug coverage.

Last name	First name	Middle initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Medicare number		Birth date	
[Sex on file <input type="checkbox"/> M <input type="checkbox"/> F]		Home phone number ()	

Carefully read and complete the following information before signing and dating this disenrollment form:

If I have enrolled in a different Medicare prescription drug plan (Part D) or a Medicare Advantage plan (Part C), I understand Medicare will automatically cancel my current enrollment in the G.E.H.A Prescription Drug Plan/EGWP on the effective date of my new enrollment.	
Your signature*	Date
<p>*This can also be the signature of an authorized person who can act on your behalf under the laws of the state where you live. If signed by an authorized person, their signature certifies that:</p> <ol style="list-style-type: none">1. They are authorized under state law to complete this disenrollment, and2. Documentation of their authority is available, if requested	

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

Name	
Address	
Phone number ()	Relationship to enrollee

If you have any questions about this form, call SilverScript Customer Care at 1-833-250-3241, 24 hours a day, 7 days a week. TTY users should call 711.

Return the completed form to this address: Group Aetna Medicare P.O. Box 30001 Pittsburgh, PA 15222	Or fax to: Fax: 1-866-552-6205 Attn: Group Disenrollment
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