SilverScript®

G.E.H.A

2025 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	☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.
Medicare number		Birth date	
Sex on file ☐ M ☐ 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

*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:

1. They are authorized under state law to complete this disenrollment, and
2. 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:	Or fax to:
Group Aetna Medicare P.O. Box 30001 Pittsburgh, PA 15222	Fax: 1-866-552-6205 Attn: Group Disenrollment