



Kaiser Permanente Individual & Family Plan (KPIF) Disenrollment/Transfer Request

If you're moving from a Kaiser Permanente for Individuals and Families (KPIF) plan to a Kaiser Permanente Medicare health plan, **please use this form to end your coverage (disenroll) from your KPIF plan.**¹

Do not use this form if you have a plan purchased from a health benefit exchange,² an employer-sponsored plan, Medicaid/Medi-Cal, Charitable Health Coverage, and/or Medicare.

Complete the member information below: **All fields are required.**

Kaiser Permanente region where you're currently enrolled:					
CALIFORNIA <input type="checkbox"/>	COLORADO <input type="checkbox"/>	GEORGIA <input type="checkbox"/>	HAWAII <input type="checkbox"/>	MARYLAND/ VIRGINIA <input type="checkbox"/>	OREGON/ WASHINGTON <input type="checkbox"/>
Full Name (First, Middle Initial, Last)					
Medical/Health Record Number Your medical/health record number can be found on your Kaiser Permanente ID Card. Please include ALL numbers on card.					
Date of Birth					
Mailing Address					
Email Address					
Phone					

Please select one of the plan options below (these changes will only take effect if you've enrolled in a Kaiser Permanente Medicare health plan):

- I wish to end my KPIF medical coverage.
- I wish to end KPIF medical coverage for myself and my family members.
- I want to end my KPIF medical coverage and wish to keep the dependents (spouse/domestic or civil union partner/children) below on our current plan.

(Enter information below.)

Spouse/Domestic or Civil Union Partner:

_____ DOB: _____ Med./Health Record No: _____

Dependent: _____ DOB: _____ Med./Health Record No: _____

Dependent: _____ DOB: _____ Med./Health Record No: _____

Dependent: _____ DOB: _____ Med./Health Record No: _____

Dependent: _____ DOB: _____ Med./Health Record No: _____

Your KPIF plan coverage will end the day your Kaiser Permanente Medicare health plan coverage begins to avoid a gap in coverage. If you've chosen to keep your dependents enrolled in a KPIF plan, their medical coverage will continue.

If you sign up for a Kaiser Permanente Medicare health plan and don't act to end your KPIF coverage, you'll be enrolled in 2 plans. You'll be required to pay all premium charges for both plans. Please note disenrollment from your plan is voluntary.

Signature: _____ **Date:** _____

¹If you or any dependent you're applying for are entitled to Medicare Part A or are enrolled in Medicare Part B, you or your dependents will not be eligible for reenrollment in a KPIF plan. Please visit kp.org/medicare to learn about your Kaiser Permanente Medicare health plan options or to apply for Medicare coverage with Kaiser Permanente.

²If you purchased a KPIF plan from the health benefit exchange, please contact the health benefit exchange directly to discuss your request.

If you have completed the Kaiser Permanente Medicare health plan enrollment request via online, you may complete this disenrollment request form and mail to the address provided below.

Mail completed forms to:

California residents: Kaiser Permanente P.O. Box 232400 San Diego, CA 92193-2400

Colorado, Georgia, Hawaii, Oregon, Maryland, Virginia, or Washington residents:

Kaiser Permanente P.O. Box 232407 San Diego, CA 92193-9914

In California, Hawaii, Oregon, Washington, Colorado, Georgia, and the District of Columbia, Kaiser Permanente is an HMO plan with a Medicare contract. In Maryland and Virginia, Kaiser Permanente is an HMO plan and a Cost plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.