<Date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

**You’ve asked to be disenrolled from <plan name>. We can’t process your request to disenroll from <plan name> because:**

[*Insert the following as appropriate:*

You didn’t send us the information we needed by <**date**>.

*or*

Someone other than you made the request and that person isn’t your authorized representative.

*or*

You didn’t sign your request.]

The quickest way to leave <plan name> or choose a new Medicare-Medicaid Plan is to call Illinois Client Enrollment Services. Contact information is in the List of Resources at the end of this notice.

**What if I think there’s been a mistake?**

If you think we made a mistake and you have questions, call Illinois Client Enrollment Services. Contact information is in the List of Resources at the end of this notice.

**What if I have questions?**

You can get answers and help. Contact information is in the List of Resources at the end of this notice. The calls and the help are free.

[*Plans must include all applicable disclaimers as required in the Medicare Communications and Marketing Guidelines and State-specific Marketing Guidance.*]

[Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to [*https://www.hhs.gov/civil-rights/for-individuals/section-1557*](https://www.hhs.gov/civil-rights/for-individuals/section-1557).]

You can get this document for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free.

**List of Resources**

**The calls and the help are free!**

| For questions about: | Contact: |
| --- | --- |
| **This notice or plan coverage** | <**Plan name**> |
|  | Call: <toll-free phone number> |
|  | TTY users call: <toll-free TTY/TDD number> |
|  | <days and hours of operation> |
|  | Online: <website> |
| **Enrollment** | **Illinois Client Enrollment Services** |
|  | Call: 1-877-912-8880 |
|  | TTY users call: 1-866-565-8576 |
|  | Monday – Friday, 8:00 a.m. – 7:00 p.m. |
|  | Online: [EnrollHFS.Illinois.gov](https://enrollhfs.illinois.gov/) |
| **Medicaid** | **Illinois Health Benefits Hotline** |
|  | Call: 1-800-226-0768 |
|  | TTY users call: 1-877-204-1012 |
|  | Monday – Friday, 8:00 a.m. – 4:45 p.m.  Online: [Illinois.gov/HFS](https://www.illinois.gov/HFS/Pages/default.aspx) |
| **Medicare** | **Medicare** |
|  | Call: 1-800-MEDICARE (1-800-633-4227) |
|  | TTY users call: 1-877-486-2048 |
|  | 24 hours a day, 7 days a week |
|  | Online: [Medicare.gov](https://www.medicare.gov/) |
| **Other enrollment choices:** | **Senior Health Insurance Program (SHIP)** |
|  | Call: 1-800-252-8966 |
|  | TTY users call: 1-888-206-1327 |
|  | Monday – Friday, 8:30 a.m. – 5:00 p.m. |
|  | E-mail: Aging.SHIP@Illinois.gov  Online: [Illinois.gov/Aging/SHIP](https://www2.illinois.gov/aging/ship/Pages/default.aspx) |
| **Coverage decisions, appeals, or complaints:** | **Illinois Home Care Ombudsman** |
|  | Call: 1-800-252-8966 |
|  | TTY users call: 1-888-206-1327 |
|  | Monday – Friday, 8:30 a.m. – 5:00 p.m. |
|  | E-mail: Aging.HCOProgram@illinois.gov  Online: <https://www2.illinois.gov/aging/ProtectionAdvocacy/LTCOmbudsman/Pages/The-Home-Care-Ombudsman-Program.aspx> |