

**First Choice VIP Care**  
P.O. Box 7183  
London, KY 40742-7183

 **FirstChoice VIP CARE.**  
by Select Health of South Carolina

## **Important Plan Information**

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**Information to include on or with Disenrollment Form –Attestation of Eligibility for an Election Period**

Dear

**Typically, you may disenroll from a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year or during the Medicare Advantage Open Enrollment Period from January 1 through March 31 of each year.** There are exceptions that may allow you to disenroll from a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Election Period.

- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) \_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) \_\_\_\_\_.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) \_\_\_\_\_.
- I am joining a PACE program on (insert date) \_\_\_\_\_.
- I am joining employer or union coverage on (insert date) \_\_\_\_\_.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) \_\_\_\_\_.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) .

If none of these statements applies to you or you're not sure, please contact First Choice VIP Care (HMO D-SNP) at 1-888-996-0499 (TTY users should call 711) to see if you are eligible to disenroll. We are open October 1 – March 31: 8 a.m. – 8 p.m., seven days a week; April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday.

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Sincerely,  
First Choice VIP Care

First Choice VIP Care is an HMO D-SNP plan with a Medicare contract and a contract with the South Carolina Healthy Connections Medicaid program. Enrollment in First Choice VIP Care depends on contract renewal.

**You can get this document for free in other formats, such as large print, braille, or audio. Call 1-888-996-0499, October 1 – March 31: 8 a.m. – 8 p.m., seven days a week; April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday. The call is free.**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-996-0499 (TTY 711) de lunes a viernes, de 8 a. m. a 8 p. m., del 1 de abril al 30 de septiembre; o los siete días de la semana, de 8 a. m. a 8 p. m., del 1 de octubre al 31 de marzo. La llamada es gratuita.

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