



Benefits Service Center
Dept.# 16725
PO Box 64116
The Woodlands, TX 77387-4116

My OC Benefits™
Website: mybenefits.ocgov.com
Phone: 1-833-476-2347
Fax: 1-224-607-3465

RETIREE MEDICAL DISENROLLMENT NOTICE

I understand and acknowledge that by requesting to permanently disenroll from the County of Orange Retiree Medical Program I will be prohibited from enrolling in a County retiree health plan in the future. However, if I am at least 65 years of age or Medicare eligible and have submitted the required proof of Medicare enrollment by the time the disenrollment is effective, I will remain eligible for the Retiree Medical Grant (if applicable) to use for reimbursement of Medicare Part B premiums. In order to receive the Medicare Part B reimbursement I have submitted the required proof of Medicare enrollment including the most current copy of my Medicare card showing enrollment in Medicare Part B at a minimum and most current copy of what I pay for Medicare.

I understand and acknowledge that if I have elected to disenroll from the County of Orange Retiree Medical Program before I am eligible for Medicare, I will be permanently disenrolling from the County of Orange Retiree Medical Plan, which includes any eligible Retiree Medical Grant or reimbursement for Medicare Part B premiums. I will be prohibited from enrolling in a County retiree health plan and receiving the Grant in the future.

I understand that permanently disenrolling from the County of Orange Retiree Medical Program can only be completed through the Benefits Service Center.

I understand that I have 14 calendar days from the date of the Confirmation of Benefits to contact the Benefits Service Center and speak to a representative about rescinding my decision to permanently disenroll from the Retiree Medical Program.