

Attachment A

Elements required for 1-800-MEDICARE Customer Service Representatives (CSRs) to transmit disenrollment requests.

Information collected from beneficiary (also necessary to verify the caller's identity):

- Name – first & last
- Medicare number (HICN)
- Date of birth
- Mailing address

Information determined based on beneficiary's responses to script:

- Election type
- Plan contract number
- Transaction code
- Effective date of disenrollment

If disenrollment is requested by someone other than the beneficiary, the CSR asks that they attest to having legal authority to make a change on the beneficiary's behalf. The CSR then adds that individual's name and their attestation to the call record as needed.