U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved | OMB No. 0938-0025
Expires: XX/XXXX

# Request to Cancel Medicare Part B (Medical Insurance)

If you don't want Medicare Part B (Medical Insurance), complete this form and return it before: _____

☐ **I don't want Part B**

✪ **TRICARE enrollees (Military Health Benefits):** Read the Important Notice on the back if you have other coverage BEFORE you decline Part B

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| Wage earner's name (if different from yours) | | | Social Security Claim Number | |
| Your name | | | Signature (Do not print) | Date signed |
| Mailing address (Number and street, PO Box, or route) | | | **Only signature by mark (X) must be witnessed:** Signature of witness | Date signed |
| City | State | ZIP code | Address of witness | |

Medicare Part B (Medical Insurance) is automatically included in your Medicare coverage unless you choose to decline it. If you wish to decline Part B coverage, you must complete and return this form by the date indicated above. If you take no action, you will be enrolled in Medicare Part B.

Medicare Part B will help you pay your doctor bills and bills for many other medical items and services not covered under Medicare Part A (Hospital Insurance). Unless you already have broad protection against medical costs, you will probably benefit by keeping this Medicare protection.

> **Important Notice about Medicare Part B and Other Health Coverage:** If you have other health insurance coverage, such as TRICARE or certain employer or government plans, you may be required to enroll in Medicare Part B to keep those benefits. Failing to enroll in Medicare Part B when required could lead to the loss of your health coverage, higher premiums if you decide to enroll in Part B later, or gaps in your overall health coverage.