## Revisions to Form CMS-1763 (OMB 0938-0025) REQUEST FOR TERMINATION OF PREMIUM HOSPITAL AND/OR SUPPLEMENTARY MEDICAL INSURANCE CMS-1763A Request to Cancel Medicare Part B (Medical Insurance)

This form was updated to add "Part B Immunosuppressive Drug Coverage (Part B-ID)" to the title of the form. Premium Hospital and Supplementary Medical Insurance were updated to "Medicare Premium Part A and Part B".

This form was updated to include a Medicare Part B cancellation version of the form, the CMS-1763A. This form is used by beneficiaries that are not yet enrolled in Medicare Part B and gives them an option to cancel enrollment before the automatic enrollment is processed, whereas CMS-1763 allows individuals to terminate enrollment once it is already active.

This form was also redesigned to be more in line with other recently updated A/B forms and to support the Office of Communications' (OC) plain language suggestions.

## Changes

Updated Form	Original Form	Reason for Change	Burden Effect
Page 1:	Page 1:	Per Office of Communications' (OC) plain language suggestion,	N/A
Form title: Request for	Form title: REQUEST	the language is being updated to	
Termination of	FOR TERMINATION OF	be more easily digested by	
Medicare Premium Part	PREMIUM PART A,	individuals.	
A, Part B, or	PART B, OR		
Part B	PART B	This form format is being	
Immunosuppressive	IMMUNOSUPPRESSIVE	updated to mirror the format of	
Drug Coverage (Part B-	DRUG COVERAGE	other recently updated Medicare	
ID)		Part A and B enrollment forms.	
		The new format is organized so	
Removed Cover page	There isn't a privacy	that the information is not	
since that information is	statement on the front	overwhelming to the individuals	
repetitive and evident	page, or anywhere on	filing the forms.	
when completing the	the form.		
form.		We also added the email address	
		line to have our forms more in	
The paragraph	Removed option for	line with current communication	
explaining the purpose	individual to choose	standards.	
of the form has been	their Part A and Part B		
updated based on OC's	end date, since that is		

plain language suggestion.  Added an email field for the enrollee  Added a field for individuals to provide their email address  Included notes for clarification on termination timeline  Removed option for 2 <sup>nd</sup> witness to be more aligned with other A/B forms.	determined by the filing date.	Going forward, all renewed Medicare A/B forms will include a privacy statement.  We added more detail to the attestation because the previous version did not specifically attest to each statement.  We added the "note" section to clarify for individuals when exactly they can expect their coverage to end.  We removed the option for a 2 <sup>nd</sup> witness to have uniformity across all A/B forms, all the other forms only require the signature of one witness.	
Page 2:  Added information on how to submit the form  Added Privacy Act Statement and Paperwork Reduction Act	Page 2:		N/A

1763A:	1763A:	We propose adding a
1763A.	1763A:	We propose adding a
THE STATE OF STATE	21/2	supplemental form to the CMS-
Utilized to cancel	N/A	1763, called CMS-1763A, to
Medicare before		provide beneficiaries not yet
automatic enrolment is		enrolled with a cancellation
processed.		option before automatic
		enrollment occurs. This addition
		would reduce payment issues
		and processing times, as
		technicians would no longer need
		to terminate unwanted benefits
		after enrollment begins, and
		beneficiaries would avoid charges
		for benefits they do not want.
		Furthermore, it would improve
		our data by distinguishing
		between individuals who
		terminated their Medicare
		coverage after it began, and
		those who canceled their
		coverage before it started,
		potentially influencing future
		policy decisions. This addition
		would also align our forms more
		closely with verbiage used by the
		Social Security Administration
		regarding termination vs
		cancellation. Overall, this change
		would lower costs and allow
		technicians more time to focus
		on other tasks.
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