



**Please mail this disenrollment form to the HMO plan from which you are disenrolling. If you have a question about the form, please contact the plan from which you are disenrolling.**

**Health Net/Seniority Plus**  
P.O. Box 10198  
Van Nuys, CA 91410

**Western Health Advantage/WHA Care+**  
Attn: Medicare Dept.  
2349 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

**Kaiser Permanente—California/  
Senior Advantage**  
Attn: Medicare  
P.O. Box 232400  
San Diego, CA 92193-2400

**PRIVACY ACT STATEMENT**

Section 9312(h) of the Omnibus Reconciliation Act of 1986 authorizes collection of this information. The primary use of this information is to enable Social Security personnel to update your Medicare record in order to disenroll you from your HMO/CMP. Additional disclosures of the information may be to providers and suppliers of services, directly or dealing through Fiscal Intermediaries or Carriers, for administration of Title XVIII.

Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your disenrollment request.