[LETTER\_GEN\_DT]

[RECEPIENT\_NAME]

[ADDRESS1]

[ADDRESS2]

[ADDRESS3]

[CITY], [STATE] [ZIP]

We received your disenrollment request.

Dear [RECEPIENT\_NAME]:

This letter confirms your disenrollment from the [PDP\_NAME]. Your disenrollment is effective [DISENRL\_EFF\_DT].

As of this date, you will begin receiving the traditional FEP pharmacy benefits again. This change does not impact your enrollment in the overall Blue Cross and Blue Shield Federal Employee Program or your enrollment in Medicare Part A and/or B.

You will receive a new FEP member ID card from us in the next few days. Please keep your current member ID card until the new one arrives.

If you think this letter is a mistake and you want to stay a member of MPDP, please call us right away at **[GLBL\_PHONE\_NUMBER]** (TTY: 711) so we can make sure you stay a member of MPDP. Medicare only gives you **30 days** from the date of this letter to contact us. If you call and it’s after-hours, you can leave us a voicemail and we will return your call the next business day.

Wishing you the best of health,

The Blue Cross and Blue Shield Federal Employee Program

FEP Medicare Prescription Drug Program