TUFTS Health Plan

Corporate Office
705 Mount Auburn Street
Watertown, Massachusetts 02472-1508
(617) 972-9400
tuftshealthplan.com

Tufts Health Plan Medicare Preferred
Disenrollment Request Form for City of Boston Members

If you request disenrollment, you will continue to receive all medical care from Tufts Health Plan Medicare Preferred until the effective date of disenrollment.

Last Name_____ First Name_____ Middle Initial_____

Member Identification Number (s)_____

Your Signature_____ Signature Date_____

Term Date _____

Each Member must sign and date the form. The term date must be the last day of the month. The form must be signed and dated prior to the term date and received by the last day of the month.