



**If disenrolling from Kaiser, mail or fax this disenrollment form to:**

Kaiser Permanente  
California Service Center  
P.O. Box 232400  
San Diego, CA 92193-2400

Fax: 1-855-355-5334

**If disenrolling from UC Medicare PPO, High Option or UC Medicare Choice,  
mail, fax or submit this disenrollment form to UC.**

University of California  
RASC  
P.O. Box 24570  
Oakland, CA 94623-1570

Fax: 800-792-5178

Send thru UCRAYS: [retirementatyourservice.ucop.edu](mailto:retirementatyourservice.ucop.edu)

**If you have a question about the form, please contact the plan from which you  
are disenrolling or the UC Retirement Administration Service Center (RASC)  
either through a UCRAYS secure message or 800-888-8267.**

**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.