

**REQUEST FOR CANCELLATION of Medicare Part B (Medical Insurance) Under the Social Security Act**

If you do not want Medicare Part B (Medical Insurance), complete this form and return it in the envelope provided before \_\_\_\_\_

**I DO NOT want Part B**  **Check Here**

**TRICARE BENEFICIARIES (Military Health Benefits): Please read the Important Note on the back BEFORE you decline Part B**

PRINT WAGE EARNER'S NAME IF DIFFERENT FROM YOURS		SOCIAL SECURITY CLAIM NUMBER	
YOUR NAME		WRITTEN SIGNATURE (Do Not Print) <b>SIGN HERE</b> ▶	
MAILING ADDRESS (Number and Street, P.O. Box, or Route)		ONLY SIGNATURE BY MARK (X) MUST BE WITNESSED <b>SIGNATURE OF WITNESS</b> ▶	
CITY	STATE	ZIP CODE	DATE SIGNED
ADDRESS OF WITNESS			

FORM **CMS-2690** (07/2009) Destroy Prior Editions

Medicare Part B (Medical Insurance) is voluntary, but you don't need to do anything to get it. However, if you don't want Part B, you must tell us by completing this form and returning it to us by the date shown.

Medicare Part B will help you pay your doctor bills and bills for many other medical items and services not covered under Medicare Part A (Hospital Insurance). Unless you already have broad protection against medical costs, you will probably benefit by keeping this Medicare protection.

**IMPORTANT NOTE TO TRICARE (Military Health Benefits) BENEFICIARIES:** You lose your TRICARE eligibility anytime you have Medicare Part A, but don't have Part B. Before you decline Part B, go to [www.tricare.mil/factsheets/Medicare](http://www.tricare.mil/factsheets/Medicare) and/or call TRICARE for Life at Wisconsin Physicians Service at 1-866-773-0404 to discuss the impact your decision will have on your TRICARE benefits.