

Quartz Medicare Advantage (HMO) optional supplemental dental benefit disenrollment request form



2650 Novation Parkway • Fitchburg, WI 53713
(800) 394-5566 (TTY:711) • Fax (608) 643-2564
[QuartzBenefits.com/MedicareAdvantage](https://www.QuartzBenefits.com/MedicareAdvantage)

I. Member information

Member ID number:

Member name:

Reason for disenrollment:

Requested disenrollment date:

Your disenrollment from your Quartz Medicare Advantage optional supplemental dental benefit will be effective on the first day of the following month after we receive your completed and signed written request (unless you request a later date of disenrollment).

Signature of beneficiary or guardian: _____ Date: _____

II. Submit form

Return the completed form using one of the below options:

By mail:

Quartz Medicare Advantage (HMO)
2650 Novation Parkway
Fitchburg, WI 53713

By email:

MemberChanges@QuartzBenefits.com

For questions, call a Quartz Champion at (800) 394-5566 (TTY:711)
Monday – Friday, 8 a.m. to 8 p.m. October 1 – March 31, daily, 8 a.m. to 8 p.m.

Quartz Medicare Advantage (HMO) is an HMO plan with a Medicare contract. Enrollment in this plan depends on contract renewal.

Quartz Health Plan Corporation and Quartz Health Plan MN Corporation comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310 (TTY:711).

Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-3310 (TTY:711).