



Quartz Medicare Advantage (HMO) Optional Supplemental Dental Benefit Disenrollment Request Form

Quartz Medicare Advantage (HMO)
840 Carolina Street • Sauk City, WI 53583-1374
(800) 394-5566 or TTY 711 • Fax (608) 643-2564
QuartzBenefits.com/MedicareAdvantage

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: _____

PLEASE MAIL THIS FORM TO:

Quartz Medicare Advantage (HMO)
840 Carolina St.
Sauk City, WI 53583-9983

Or email to: MemberChanges@quartzbenefits.com

For questions call Customer Service at (800) 394-5566 or 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 or toll free (800) 877-8973.
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 or toll free (800) 877-8973.