



**PENALTY ON DISCONTINUANCE OF INSURANCE**

*Discontinuance of Insurance. Any household member who is discontinued from insurance coverage for reason beyond his or her control may be included under Medically Indigent Program coverage if eligibility criteria are met. Voluntary discontinuance of insurance coverage will disqualify the person(s) from participation under the Medically Indigent Program for six (6) months from date of termination (Reference: Public Law No. 18-31, Section 2913.25)*

I, \_\_\_\_\_, have been informed of Public Law No. 18-31, Section 2913.25 on Discontinuance of Insurance. I understand if I voluntarily terminate or cancel my current health coverage, I and my family, if applicable, will be disqualified from the Medically Indigent Program for six (6) months from the date of termination.

\_\_\_\_\_  
 Client's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Eligibility Specialist's Signature

\_\_\_\_\_  
 Date

**Please indicate previous (latest) insurance coverage:**

- TakeCare
- Medicare Part A
- Medicare Parts B
- Medicare Parts A B D
- Medicare Parts A D
- Medicare Part B
- Medicare Parts B D
- Medicare Part C
- Medicare Part D
- Medigap
- Metlife
- NetCare (Moylan's)
- Nambo
- SelectCare (Calvo's)
- Staywell
- Tricare
- Other: \_\_\_\_\_

**Effective Date of Termination of Insurance:** \_\_\_\_\_

**Reason for Termination:** \_\_\_\_\_