## Exhibit 16: Model Notice to Confirm Voluntary Disenrollment Following Receipt of Transaction Reply Report (TRR)

Referenced in §40.1.3

<date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

Your <plan> coverage is ending

You’ll no longer be in <plan> as of <date>. You may want to tell your doctors that there may be a delay in updating your records.

If you think there was a mistake

If you didn’t ask to leave <plan> and want to stay in <plan >, call 1-877-912-8880 (TTY: 1-866-565-8576), Monday to Friday from 8 a.m. to 7 p.m. and Saturday from 9 a.m. to 3 p.m. The call is free!

Who should I call if I have questions about <plan>?

If you have questions, call <plan> Member Services at <toll-free phone number> <days and hours of operation>. TTY users should call <toll-free number>. You can visit <web address>. You can also call <enrollment broker> at <enrollment broker number>.

If you have questions about Medicare or Medicaid

If you have questions about **Medicare**, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit http://www.medicare.gov. TTY users should call 1-877-486-2048. If you have questions about **Medicaid**, call Illinois’ Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576), Monday to Friday from 8 a.m. to 7 p.m. and Saturday from 9 a.m. to 3 p.m. The call is free!

You can get this document in Spanish, or speak with someone about this information in other languages for free. Call [insert Member Service phone and TTY/TDD numbers, and hours of operation]. The call is free. *[The previous sentence must be in English and all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.]*

This information is available for free in other languages and formats like Braille or audio CD.