

Revisions to Form CMS-1763 (OMB 0938-0025) REQUEST FOR TERMINATION OF PREMIUM HOSPITAL AND/OR SUPPLEMENTARY MEDICAL INSURANCE

This form was updated to add “Part B Immunosuppressive Drug Coverage (Part B-ID)” to the title of the form. Premium Hospital and Supplementary Medical Insurance were updated to “Medicare Premium Part A and Part B”.

This form was also redesigned to be more in line with other recently update A/B forms and to support the Office of Communications’ (OC) plain language suggestions.

Changes

Updated Form	Original Form	Reason for Change	Burden Effect
<p>Page 1:</p> <p>Form title: <i>Request for Termination of Medicare Premium Part A, Part B, or Part B Immunosuppressive Drug Coverage (Part B-ID)</i></p> <p>Removed Cover page since that information is repetitive and evident when completing the form.</p> <p>The paragraph explaining the purpose of the form has been updated based on OC’s</p>	<p>Page 1:</p> <p>Form title: REQUEST FOR TERMINATION OF PREMIUM PART A, PART B, OR PART B IMMUNOSUPPRESSIVE DRUG COVERAGE</p> <p>There isn’t a privacy statement on the front page, or anywhere on the form.</p> <p>Removed option for individual to choose their Part A and Part B end date, since that is</p>	<p>Per Office of Communications’ (OC) plain language suggestion, the language is being updated to be more easily digested by individuals.</p> <p>This form format is being updated to mirror the format of other recently updated Medicare Part A and B enrollment forms. The new format is organized so that the information is not overwhelming to the individuals filing the forms.</p> <p>We also added the email address line to have our forms more in line with current communication standards.</p>	N/A

<p>plain language suggestion.</p> <p>Added an email field for the enrollee</p> <p>Added checkbox to confirm permission to communicate with the enrollee via email.</p> <p>Included notes for clarification on termination timeline</p> <p>Removed option for 2nd witness to be more aligned with other A/B forms.</p>	<p>determined by the filing date.</p>	<p>Going forward, all renewed Medicare A/B forms will include a privacy statement.</p> <p>We added more detail to the attestation because the previous version did not specifically attest to each statement.</p> <p>We added the “note” section to clarify for individuals when exactly they can expect their coverage to end.</p> <p>We removed the option for a 2nd witness to have uniformity across all A/B forms, all the other forms only require the signature of one witness.</p>	
<p>Page 2:</p> <p>Added information on how to submit the form</p> <p>Added Privacy Act Statement and Paperwork Reduction Act</p>	<p>Page 2:</p> <p>N/A</p>		<p>N/A</p>