

## How to disenroll from your Medicaid coverage

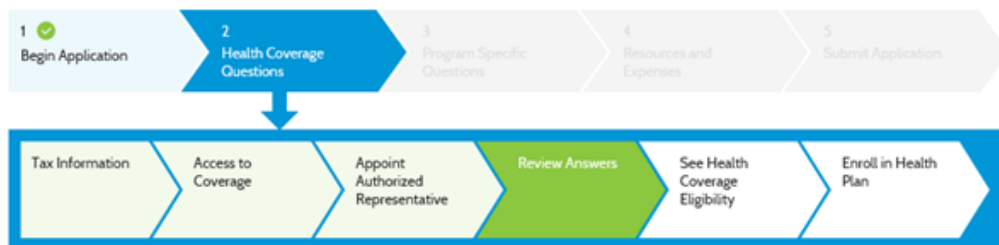
1. Login to [your account](#) (if you're locked out of your account, you can use our web chat service to unlock it)
2. Go to the **My Plans & Programs** section and select **Report Change**. This will be for your Health Insurance Coverage.

### My Plans & Programs

Expand all boxes to see all programs.




3. Navigate to “review answers” in your application and select “edit information” under **Applying for Coverage?**



### Application Review

This page is a review of the information you have entered. Please take time to read through it and make sure it is correct. If you see anything that needs to be changed, simply click on the Edit Information button in that section. This will take you to the page you need to edit. You'll need to click Next and edit any additional pages that need changes, until you return to this Application Review page.

Name	Gender	Social Security Number	Date of Birth	Applying for Coverage?
Jane Doe	F	xxx-xx-2222	.././1986	Yes
John Doe	M	xxx-xx-4444	.././1986	Yes



[Edit Information](#)

4. Under **Is this person applying for medical and/or dental health coverage**, change the response to **No**.

Is this person applying for medical health coverage? \*  Yes  No

Is this person applying for dental health coverage? \*  Yes  No

5. Agree to the consent at the bottom of the page and select Next.

  I have the consent of all family members I have listed on the application and I am therefore giving my permission for HealthSource RI and the Executive Office of Health and Human Services to obtain, use, and share confidential information from a variety of sources (as described in the "Rights and Responsibilities" portion of this application) about me and all my family members I have listed as applying for benefits/coverage. \*

6. Review the disclaimer, which explains that you are agreeing to closing eligibility for the selected members and disenrolling them from coverage. Continue through the application and submit it again to update your account.

You have indicated that one or more individuals in your household are not requesting coverage. Please note that this means they will be disenrolled from their current health insurance coverage. If you would like to continue coverage for these members, please change the answer back to Yes. If you would like to proceed with ending the health insurance for these individuals, please be sure to continue through the entire application by clicking 'Next' at the bottom of each screen until you get to the signature screen and click 'Next' to submit. This will ensure that the individuals will be disenrolled from coverage, and eligibility will be updated for any remaining individuals.

Your eligibility for Medicaid will not always end the last day of the month of your request. In general, the policy is:

1. If you change your eligibility between the 1<sup>st</sup> and 14<sup>th</sup> of the month, your last day of coverage will be the last day of that month.
2. If you change your eligibility between the 15<sup>th</sup> and end of the month, your last day of coverage will be the last day of the following month.