Form CMS-1763: Request for Termination of Premium Part A, Part B, or Part B Immunosuppressive Drug Coverage

Introduction: How to Use Form CMS-1763

Most Medicare forms are used to get coverage started. This one does the opposite. Form CMS-1763 is what you file with the Social Security Administration when you are already on Medicare and want to voluntarily end your Part B coverage, your premium Part A coverage, or your Part B Immunosuppressive Drug coverage.

The situation this form is built for is a return to work. You went on Medicare, and later you or your spouse went back to a job that offers group health insurance. If that employer coverage will be primary for you, continuing to pay a Part B premium may no longer make sense.

CMS lists three situations for using this form: you have premium Part A or Part B and no longer wish to be enrolled, you have Part B and recently rejoined the workforce with access to employer-sponsored health insurance, or you have Part B and are now covered under a spouse's employer-sponsored health insurance (CMS-1763, page 1). In practice, the second and third are what bring people to this form.

Read the consequences section below before you do anything else. Dropping Part B is not like changing a plan during the Annual Enrollment Period. If you get it wrong, you can end up with a coverage gap, a lifetime premium penalty, and a wait of several months before coverage can start again.

This Is Not the Right Page If Your Coverage Has Not Started Yet

There is a related situation that this form does not cover. If you signed up for Medicare, your start date has not arrived yet, and you have since realized you can stay on an employer plan instead, you are not terminating coverage. You are withdrawing an enrollment you have not begun using.

That is a different process with a different outcome, and this guide does not apply to it. Call Social Security at 1-800-772-1213 and explain that your coverage has not started and you want to withdraw the enrollment. Do that before your effective date arrives.

The rest of this page is for people whose Medicare coverage is already in effect.

This Form Works Differently From the Others

You cannot download Form CMS-1763, fill it out at your kitchen table, and drop it in the mail. SSA states directly that CMS requires, when possible, a personal interview with everyone who wishes to terminate entitlement, and that this is why the form is not offered online (SSA, Equitable Relief for Medicare Enrollment and Disenrollment).

The interview exists to confirm you understand what you are giving up. In my opinion that is a reasonable safeguard, and you should treat the interview as useful rather than as an obstacle.

The practical process is:

1. Call Social Security at 1-800-772-1213, or your local office, and say you want to terminate Medicare Part B using Form CMS-1763. TTY users call 1-800-325-0778.
2. Complete the interview by phone or in person.
3. Complete and sign the form as SSA instructs you.
4. Submit it to your local Social Security office.
5. Return your Medicare card to SSA if you have already received it. The form's reminder section states this directly.

A blank copy of the form is published on the CMS website at the link above. Reviewing it before your interview is worthwhile so you know what will be asked. That is not the same as being able to file it on your own.

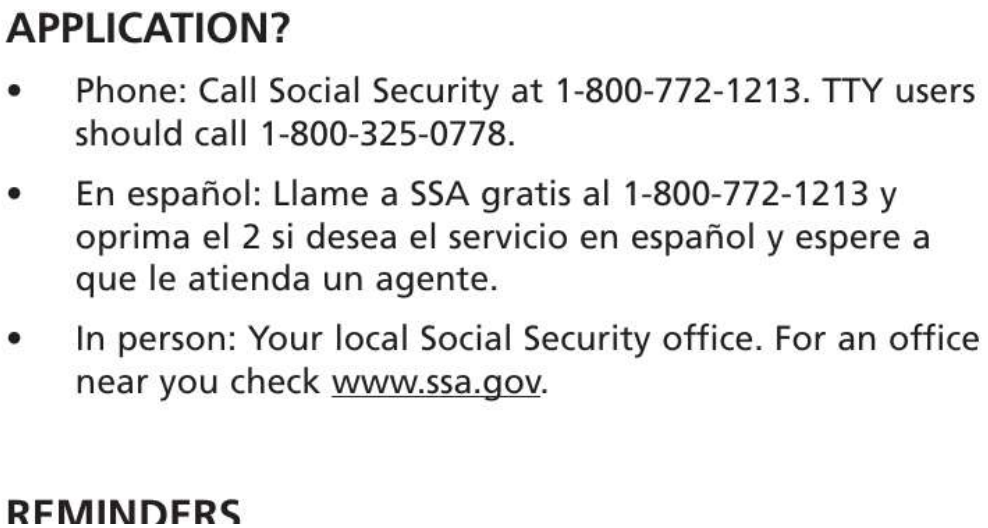
What Information You Need Before You Call

The form lists what you need to have ready:

- Your Medicare number
- Your current address and phone number
- The date you are requesting your premium Part A or Part B to end
- A witness and their current address and phone number, if you sign the form with an "X"

Consequences of Disenrollment

This section is the reason the interview exists. CMS states the following on page 1 of the form:



APPLICATION?

- Phone: Call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.
- En español: Llame a SSA gratis al 1-800-772-1213 y oprima el 2 si desea el servicio en español y espere a que le atienda un agente.
- In person: Your local Social Security office. For an office near you check www.ssa.gov.

REMINDERS

6. **You may incur a late enrollment penalty.** If you disenroll from Part B, it may result in gaps in your coverage, and you may incur a late enrollment penalty of 10% for each full 12-month period you do not have Part B but were eligible to sign up and do not have other appropriate coverage in place. That penalty is added to your Part B premium and it does not go away.
7. **Dropping Part B also ends premium Part A.** You must have Part B while enrolled in premium Part A. If you disenroll from Part B, your premium Part A will also terminate. This applies to people who pay a premium for Part A because they do not have enough work credits for premium-free Part A. If you have premium-free Part A, this form does not by itself end that coverage.
8. **Getting back in may take months.** If you do not qualify for a Special Enrollment Period, you will need to wait for the General Enrollment Period, which runs January through March each year. Coverage is effective the month after the month of the enrollment request.

I cannot confirm the exact penalty amount that would apply in any individual case from the form alone, because it depends on how many full 12-month periods pass without Part B or other appropriate coverage. That calculation is made by SSA.

When Your Coverage Actually Ends

This trips people up. Termination is not effective on the date you file.

Under federal regulation, for disenrollment requests filed in or after July 1987, entitlement ends at the end of the month after the month in which the individual files the disenrollment request (42 CFR 407.27(c)(2)).

In plain terms, file in April and Part B ends May 31. File in September and Part B ends October 31. You will owe the Part B premium for that additional month. Plan your employer coverage start date around this so you do not create a gap on either end.

Completing the Form

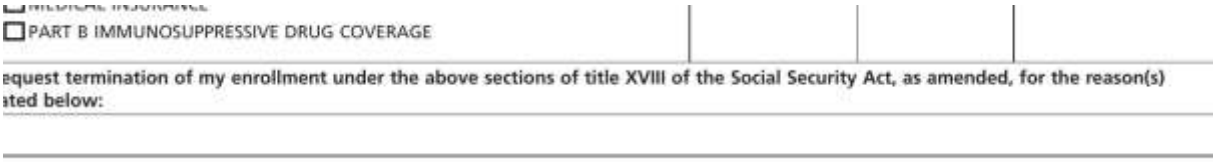
The form itself is short and fits on a single page. These are the fields, in the order they appear.

Name of Enrollee, Medicare Number, and Person Executing the Request

1. **Name of Enrollee.** Print the name of the person whose Medicare coverage is being terminated.
2. **Medicare Number.** Use the number exactly as it appears on the Medicare card.

3. **Name of person, if other than enrollee, who is executing this request.** Leave blank if you are signing for yourself. If someone is signing on your behalf, their name goes here.

Type of Termination and End Dates

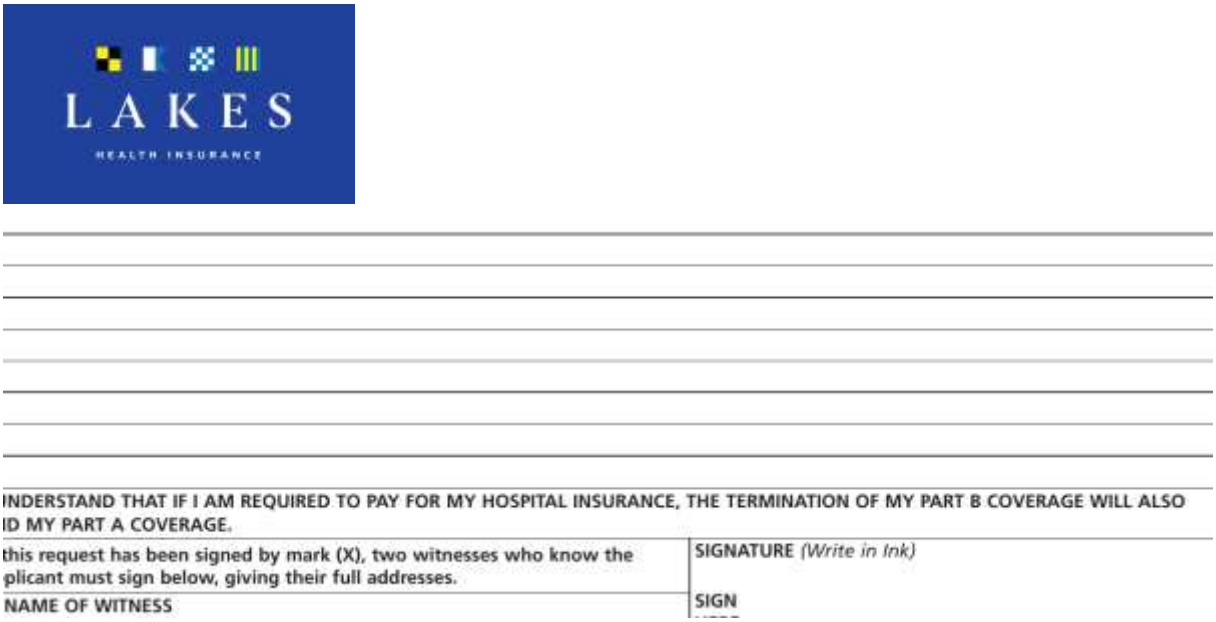


4. **This is a request for termination of.** Check only what you intend to end. Hospital Insurance means Part A. Medical Insurance means Part B. Read this twice before checking a box. Checking Hospital Insurance when you meant Medical Insurance is not a small error.
5. **Date Part A will end / Date Part B will end / Date PBID will end.** Enter the date you want coverage to end. Confirm the date with the SSA representative during your interview so it matches the rule above and does not create a gap.

Reason for Termination and Acknowledgment

6. **Reason for termination.** The form states you are not required to give your reasons for requesting termination, and that the information given will be used to document your understanding of the effects of your request. My opinion: state the reason anyway. If you are returning to employer coverage, saying so creates a record consistent with a future Special Enrollment Period claim.
7. **Acknowledgment statement.** The form includes the statement that if you are required to pay for your hospital insurance, termination of your Part B coverage will also end your Part A coverage. There is nothing to fill in. Understand it before you sign.

Signature, Witnesses, and Contact Information



8. **Signature.** Sign in ink. If you sign with a mark (X), two witnesses who know you must sign and give their full addresses.
9. **Mailing address, city, state, ZIP, date, and telephone number.** Complete these fields.

If You Want to Re-Enroll Later

The form addresses this directly on page 1:

> (GEP), which is every year from January—March. Coverage will be effective the month after the month of the enrollment request.
>
> If you would like to re-enroll in premium Part A or Part B you will need to complete the form CMS 18-F-5 or CMS 40-B. If you qualify for an SEP, youll also need to attach the following:
>
> - If you qualify for an SEP based on employer group health plan coverage, you'll need to complete the CMS L564.
> - If you qualify for an SEP based on another

To re-enroll in premium Part A or Part B you complete Form CMS-18-F-5 or Form CMS-40B. If you qualify for a Special Enrollment Period, you also attach supporting documentation:

- If your SEP is based on employer group health plan coverage, you complete Form CMS-L564 from your employer.
- If your SEP is based on another circumstance, you complete Form CMS-10797.

Each form has its own submission instructions to SSA.

This is why the documentation you keep now matters. If you drop Part B to take employer coverage, keep the records that prove that coverage existed and when it ended. Those records are what support your CMS-L564 later.

When the Employer Coverage Ends: The Two-Month Rule

Dropping Part B is the first half of this decision. The second half comes later, when the employer coverage ends. That is where people get hurt, because the clock is short and it starts before most people are thinking about Medicare.

Use two months as your deadline. You have until the end of the second month after the month your employer coverage ends to get back onto Medicare, including a drug plan. If your coverage ends March 15, your deadline is May 31. Act inside that window and you are protected on every front.

There is a longer window for Part B specifically, described at the end of this section. Do not plan around it. Two months is the number to remember, because it is the one that governs your drug coverage and it is the one that runs out first.

Do This Before You Leave the Job

Three things, and all of them are easier to get while you are still an employee than after you are gone:

- **Get the creditable coverage notice in writing.** Employer plans are required to tell you each year whether their drug coverage is creditable, meaning it is expected to pay at least as much as standard Medicare Part D. Ask the plan administrator for that notice and keep it. If the plan was not creditable, you have been accruing a Part D penalty the entire time you were on it, and you need to know that now rather than later.
- **Get the employer to complete Form CMS-L564.** This is the form that proves your coverage dates to Social Security. Employers are far more responsive to a current employee than to a former one.
- **Write down the exact date coverage ends.** Not the date you stop working. The date the health plan ends. They are often different, and the earlier of the two is what starts your clock.

What to File

- **For Part B:** Form CMS-40B together with Form CMS-L564 from the employer, submitted to Social Security.
- **For drug coverage:** enroll in a Part D plan, or in a Medicare Advantage plan that includes drug coverage. This is a separate enrollment from Part B and it does not happen automatically.

The Part D window is set by regulation and ends two months after the month your employer or union coverage of any type ends (42 CFR 423.38(c)(11)(i)).

COBRA and Retiree Coverage Do Not Extend Your Deadline

This is the single most expensive misunderstanding in this whole area, so read it twice.

The protection you have been relying on comes from coverage tied to current employment. Once the job ends, that protection ends with it. COBRA is not current employment. Neither is a retiree health plan. Both are real coverage and both may be worth having, but neither one holds your Medicare enrollment window open.

People take COBRA for eighteen months, assume they are covered, and discover at the end of it that their Medicare enrollment window closed sixteen months earlier. By then the penalty is permanent and they are waiting for the next enrollment period. If you are offered COBRA when you leave, you can take it, but start your Medicare clock the day the active employer coverage ends, not the day COBRA runs out.

If You Miss the Two Months

Call anyway. Part B has a longer window than Part D does. It runs eight months from when your employment or your group coverage ends, whichever comes first (42 CFR 406.24(b)(2), applied to Part B under 42 CFR 407.20). So missing two months does not necessarily mean you have lost everything.

Treat that as a backstop, not a plan. Missing the two months still means no drug coverage until the next Annual Enrollment Period, which runs October 15 through December 7 for a January 1 start, and a Part D penalty that follows you permanently.

In plain terms, the day you find out the job is ending, call me. Not when the last paycheck clears, and not when COBRA runs out. Two months goes faster than you expect, and almost everything in this section is fixable in advance and expensive to fix afterward.

Common Pitfalls When Completing Form CMS-1763

1. **Assuming you can file it online.** You cannot. Budget time for the SSA interview and call before your employer coverage start date, not after.
2. **Checking the wrong termination box.** Hospital Insurance is Part A and Medical Insurance is Part B. If you meant to keep Part A and only drop Part B, check only Medical Insurance.
3. **Miscalculating the end date.** Coverage ends at the end of the month after the month you file, not the date you file. Build that extra month into your planning and expect one more premium.
4. **Not confirming the employer plan is primary.** Employer coverage only protects you from a Part B late enrollment penalty in specific circumstances tied to current employment. Retiree coverage, COBRA, and Marketplace coverage are not the same thing as active employer group coverage for this purpose. Confirm this before you file, not after.

5. **Forgetting that premium Part A goes with Part B.** If you pay a premium for Part A, dropping Part B ends both.
6. **Not returning the Medicare card.** The form's reminder section states that if you have already received your Medicare card, you need to return it to the SSA office or mail it back.
7. **Missing the two-month window when the employer coverage ends.** Dropping Part B is only half the decision. When the employer plan ends, you have two months to get back on Medicare including drug coverage. COBRA and retiree coverage do not extend that window.
8. **Dropping Part B without checking your other coverage.** If you have a Medicare Supplement policy or a Medicare Advantage plan, terminating Part B affects it. A Medicare Advantage plan requires both Part A and Part B enrollment. Call me before you file so we can look at what else moves.

In Plain Terms

Terminating Part B is reversible only on Medicare's schedule, not yours. If you are going back to work and your employer plan will be primary, this form can save you a premium you do not need to pay. If you are dropping Part B for any other reason, talk it through with someone first. The penalty is permanent and the wait to get back in can run most of a year.

If you are in this situation and want a second set of eyes before you call Social Security, reach out.

A Note on Form Versions

The version of Form CMS-1763 published at the CMS link above is dated 01/2022 and shows an OMB expiration date of 04/24. CMS lists a collection action for this form dated 2025-08-05 on its Paperwork Reduction Act listing, but I cannot confirm from that listing whether a newer printed version of the form has been issued. Because SSA supplies the form during your interview, you will be given the current version. Use what SSA gives you rather than a copy printed from any website, including mine.

Sources

- Form CMS-1763 (01/2022), Centers for Medicare & Medicaid Services: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1763.pdf
- 42 CFR 407.27, Termination of entitlement: Individual enrollment: https://www.law.cornell.edu/cfr/text/42/407.27
- 42 CFR 423.38(c)(11), Part D enrollment periods, employer coverage SEP: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-423/subpart-B/section-423.38

- 42 CFR 406.24, Special enrollment period related to coverage under group health plans: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-406/subpart-C/section-406.24
- 42 CFR 407.20, Special enrollment period related to coverage under group health plans (Part B): https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-407/subpart-B/section-407.20
- Social Security Administration, Equitable Relief for Medicare Enrollment and Disenrollment: https://blog.ssa.gov/equitable-relief-for-medicare-enrollment-and-disenrollment/
- CMS Paperwork Reduction Act listing, CMS-1763: https://www.cms.gov/regulations-and-guidance/legislation/paperworkreductionactof1995/pra-listing-items/cms-1763