Kaiser Foundation Health Plan, Inc.
Electronic Documents Policy

Enrollment documents are being provided electronically with the explicit, written permission of Kaiser Foundation Health Plan, Inc., (Health Plan) under the following conditions:

1. These electronic documents must be used, as provided, without additions, deletions, or other modifications.

2. These electronic documents are being provided in English (or in Spanish, on request). Translation of these documents by any person/organization other than Health Plan (or certified translation agencies authorized by Health Plan) is prohibited.

3. These electronic documents may be posted to Purchaser Intranet Sites (secure, internal sites for employees). These documents are prohibited from use on Purchaser Internet (external) sites without the explicit, written permission of Health Plan.

4. When requested the *Disclosure Form (DF)*, as represented in these electronic documents, is subject to change during the stated effective date. As part of our Electronic Documents Policy, Health Plan will provide substantive language changes electronically to Purchasers. It is the Purchaser's responsibility to ensure that all changes are provided to employees. All electronic *DF* documents include a footnote containing an original issuance date.

5. In cases where an enrollment application will also be included electronically, please be aware that Health Plan must approve any customized enrollment application forms, or scripts for electronic or telephonic enrollment, prior to use.

If you have general questions about our Electronic Documents Policy, or questions about a specific request for an electronic document, please don't hesitate to contact your account representative who will be happy to assist you.

Kaiser Foundation Health Plan, Inc.
California Division

KAISER PERMANENTE®

Enrollment Application or Change Form

DOWNLOADED FROM PURCHASER INTRANET SITE

Please print or type in black or dark blue ink only. Please see instructions on reverse *before* completing this form.

Retain last copy for your records and use as a temporary ID.

A. TO BE COMPLETED BY EMPLOYER

_____ – _____ _____

Purchaser Number | Enrollment Unit Number (EU) | Company Name or Trust Fund Name

_____ _____ _____

Employer ID | Effective Date | Company Address or Trust Fund Address

B. ENROLLMENT (check only one) —OR— CHANGE (check all that apply)

❑ New Hire Enrollment—Date of Hire: _____

❑ Part Time to Full Time—Date: _____

❑ Open Enrollment

❑ Other: _____ Event Date: _____
See Section 1A on reverse side for options.

❑ Add Dependent: _____ Event Date: _____
Enter reason and date from Section 1B on reverse side. Complete Sections C and F below.

❑ Delete Dependent: _____ Event Date: _____
Enter reason and date from Section 1C on reverse side. Complete Sections C and F below.

❑ Name Change—Complete Sections C and D

❑ Address Change—Complete Sections C and E

C. EMPLOYEE/SUBSCRIBER INFORMATION

Are you now or have you ever been a Kaiser Permanente member? ❑ Yes ❑ No If so, what is/was your Medical Record Number? _____

Have you ever received care from Kaiser Permanente within the state of California? ❑ Yes ❑ No

Under what name: _____
Maiden/Other

_____-_____-_____ _____ _____ _____

Social Security Number | Last Name | First Name | MI

_____/_____/_____ Gender: ❑ M ❑ F Marital Status: ❑ Married ❑ Single

Date of Birth

_____ _____ _____ Employment Status: ❑ Working ❑ Retired

Preferred Language Spoken | Preferred Language Written | Employee ID

_____ _____ _____ _____

Street Address | City | State | ZIP Code

(_____) _____ (_____) _____ _____

Day Phone | Evening Phone | E-mail Address (Optional)

D. NAME CHANGE

FROM: _____ TO: _____

Last Name | First Name | MI — Last Name | First Name | MI

E. ADDRESS CHANGE

_____ _____ _____ _____

OLD Street Address | City | State | ZIP Code

_____ _____ _____ _____

NEW Street Address | City | State | ZIP Code

F. LIST FAMILY MEMBERS TO BE ADDED OR DELETED (attach additional sheet, if needed)

Last Name	First Name	MI	Role	Social Security Number	Date of Birth MM/DD/YY	Gender	Add/ Delete	Medical Record Number if Known
Spouse *Maiden/Other:*			❑ Spouse ❑ Domestic Partner	— —	/ /	❑ M ❑ F	❑ Add ❑ Delete	
Dependent *Relationship:*			❑ Child ❑ Student	— —	/ /	❑ M ❑ F	❑ Add ❑ Delete	
Dependent *Relationship:*			❑ Child ❑ Student	— —	/ /	❑ M ❑ F	❑ Add ❑ Delete	
Dependent *Relationship:*			❑ Child ❑ Student	— —	/ /	❑ M ❑ F	❑ Add ❑ Delete	

Dependent's Address (if different from subscriber): ❑ Check here if all dependents are at the address below.

Name(s)	Address	City	State	ZIP Code

I understand that, except for Small Claims Court cases and claims subject to the Medicare Appeals Procedure, any claim that I, my heirs, or other claimants associated with me assert for alleged violation of any duty arising out of or related to membership in Health Plan, including any claim for medical or hospital malpractice, for premises liability or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. I agree to give up my right to a jury trial and accept the use of binding arbitration. I understand that the arbitration provision is contained in the *Evidence of Coverage*.

Employee/Subscriber Signature **Date**

TOP COPY–To Kaiser Permanente (CSC) **MIDDLE COPY**–To be retained by purchaser **BOTTOM COPY–To be retained by subscriber and used as temporary ID** 08/00

Enrollment and Change Form Instructions

General instructions:

1. Please print firmly and legibly in black or dark blue ink.
2. To be enrolled, you must reside within the ZIP codes listed below.
3. The employer must complete Section A.
4. The employee/subscriber must complete Sections B through F, as appropriate. See below for detailed instructions.
5. Be sure to include the date and your signature at the bottom of the form.
6. Once the form is complete (including Section A), retain the last copy for your records to use as a temporary ID card.

Instructions for completing Sections B through F:

Section B: Indicate reason for completing form. Mark the appropriate enrollment reason *or* change reason(s). Where indicated, use the appropriate option from the enrollment or change reasons listed in the right-hand column. Be sure to include the event date, where requested.

Section C: This section must always be completed, even when making minor changes to your account.

Section D: When making changes to your name, complete this Section in addition to Sections B and C.

Section E: When making changes to your address, complete this Section in addition to Sections B and C.

Section F: This section must be completed when adding, changing, or deleting information about your dependents. Include any prior last names for both spouses and dependents.

Please consult *The Guidebook to Kaiser Permanente Services* or your *Disclosure Form* and *Evidence of Coverage* for complete details regarding your Health Plan coverage. You may obtain these publications through your employer or by calling our Member Service Call Center at **1-800-464-4000**.

Event Date Information

Please note: The Event Date is not necessarily the effective date of your coverage. Please consult your employer for more information regarding the effective date of your coverage.

1A. Enrollment Reason	Event Date
Loss of Coverage	Date Coverage Was Lost
Moved into Service Area	Move Date
New Purchaser	Contract Effective Date
Rehire	Date of Rehire
Return from Layoff/LOA	Return Date

1B. Add Dependent Reason	Event Date
Acquired Student Status	Date of Acquisition
Family Adoption	Date of Adoption
Loss of Coverage	Date Coverage Was Lost
New Spouse	Date of Marriage
Moved into Service Area	Move Date
Newborn Addition(s)	Date of Birth
Open Enrollment	Open Enrollment Effective Date

1C. Delete Dependent Reason	Event Date
Delete Dependent(s)	Dependent Termination Date
Deceased Member	Date of Death
Divorce	Date of Divorce
Lost Student Status	Date of Status Change
Open Enrollment	Open Enrollment Effective Date

Southern California Service Area for Kaiser Permanente

The Service Area is that portion of Imperial†, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Tulare, and Ventura Counties within the following ZIP codes:

90001-08	90507-10†	91030	91401-03	91901-02	92152	92376-77	92629-30
90009†	90601-06	91031†	91404†	91903†	92153†	92378†	92646-49
90010-29	90607-10†	91040	91405-06	91908-09†	92154-55	92382†	92650†
90030†	90612	91041†	91407-10†	91910-11	92158	92385-86†	92651
90031-49	90620-21	91042	91411	91912†	92159-60†	92391†	92652†
90050-55†	90623-24†	91046†	91412-13†	91921	92161	92392	92653
90056-59	90630-31	91050-51	91416	91931†	92162-72†	92393†	92654†
90060†	90632-33†	91066†	91423	91932	92173	92394	92655-57
90061-69	90637†	91077†	91426†	91933†	92174-78†	92397	92658-59†
90070†	90638-40	91101	91436	91935	92179	92399	92660-63
90071	90650	91102†	91470	91941-42	92182	92401	92672-73
90072-73†	90651-52†	91103-08	91482	91943-44†	92184	92402†	92674†
90074	90659-60	91109-10†	91495-97	91945	92186†	92403-05	92675-76
90075-76†	90661-62†	91114-18†	91499	91946-47†	92187	92406†	92677-78†
90077	90665	91121	91501-02	91950	92190-98	92407-08	92679
90078†	90670	91123-26	91503†	91951†	92199	92410-11	92683
90079	90671†	91129	91504	91962-63	92201-03*	92412-13†	92684-85†
90080-83†	90680	91131	90505-08†	91976†	92202*†	92414-16	92688
90084	90701	91175	91510	91977-78	92310-11*	92418	92690†
90086-87†	90702†	91182	91521-23	91979†	92220	92420	92691-92
90088-89	90703	91184-89	91526	91980	92223	92423†	92693†
90091†	90706	91191	91601-02	91990	92230*	92424	92694
90093†	90707†	91201-08	91603-05†	92007-09	92234*	92427†	92697-98
90094-97	90710	91209-10†	91606	92014	92235*†	92501	92701
90099	90711†	91214	91614-18	92018†	92236†	92502†	92702†
90101-103	90712-13	91221-22	91701-02	92019-21	92240-41*	92513-17	92703-10
90174	90714†	91224-26	91706	92022-23†	92252†	92518	92711-12†
90185	90715-17	91301-04	91708†	92024-27	92253*	92519†	92728†
90201	90720	91305†	91709-11	92029	92254-56*†	92521-22	92735†
90202†	90721†	91306-07	91714-16†	92030†	92258*†	92530	92780
90209†	90723	91308-10†	91722-24	92033†	92260*	92531†	92781†
90210-12	90731-32	91311-12	91729†	92037	92261*†	92532	92782
90213†	90733-34†	91313†	91730-33	92038-39	92262*	92543-45	92799
90220-22	90740	91316	91734-35†	92040	92263*†	92546†	92801-02
90223-24†	90742-43†	91319-20†	91737	92046†	92264*	92548	92803†
90230	90744-47	91321	91739-41	92049†	92268*	92551	92804-08
90231†	90748-49	91322†	91743†	92051-52†	92270*	92552†	92811-12†
90232	90801†	91324-26	91744-46	92054-57	92274-75*	92553	92814-17†
90233†	90802-08	91327-28†	91747-49†	92058†	92276*	92554-56	92821
90239†	90809-10†	91329-31	91752	92064-65	92277-78*†	92557†	92822†
90240-42	90813-15	91333-34†	91754-56	92067†	92282*	92562-63	92823
90245	90822	91335	91758-60	92068-69	92284-86*†	92564†	92825†
90247-50	90831	91337†	91761-68	92071	92292*†	92567	92831-33
90251†	90832†	91340	91769†	92072†	92305	92570	92834†
90254-55	90833-35	91341†	91770-73	92074†	92307-08	92571-72†	92835
90260-63	90840	91342-45	91774†	92075	92313-16	92581†	92836†
90264-67†	90842	91346†	91775-76	92078	92317-18†	92582-87	92838†
90270	90844-48	91350-52	91778†	92079†	92320	92595-96	92840-41
90272	90853†	91353-56	91780	92082-84	92321-22†	92599†	92842†
90274-75	90888	91357-59†	91784	92085†	92324	92602-04	92843-45
90277-78	91001	91360-64	91785†	92090-93	92325-26†	92605†	92846†
90280	91003†	91365†	91786	92096	92329†	92606	92850
90290-93	91006-07	91367	91788†	92101-11	92333-37	92607†	92856-57†
90294-96†	91009†	91371	91789-92	92112†	92339	92610	92859†
90301-05	91010-11	91372†	91793†	92113-24	92340-41†	92612	92860-62
90306-10†	91012†	91376†	91795	92126-31	92345-46	92614	92863-64†
90311	91016	91377	91797-99	92132-38†	92350	92615-16†	92865-70
90312†	91017†	91380†	91801	92139	92352†	92618	92871†
90313	91020	91381-84	91802†	92140†	92354	92619†	92877-78†
90397-98	91021†	91385-86†	91803-04	92142-43†	92357-59	92620	92879-83
90401-05	91023†	91388	91841	92145†	92369†	92623†	92885†
90406-11†	91024	91392-96†	91896†	92147	92371-74	92624-27	92886-87
90501-06	91025†	91399	91899†	92149-50†	92375†	92628†	92899

93001*	93021†	93041-43*	93203	93240-41	93285	93501	93534-36	93586†
93009*	93022*	93044*†	93205-06	93243	93287	93502†	93539†	93590†
93010	93030*	93060*	93215	93250-52	93301	93504†	93543-44	93591
93011†	93031-32*†	93061*†	93216†	93261†	93302-03†	93505	93550-53	93599
93012	93033*	93062†	93220†	93263	93304-09	93510	93560-61	
93015	93034*†	93063-66	93222†	93268	93311-13	93518	93563	
93016†	93035*	93093†	93224-26	93276†	93380	93519†	93581†	
93020	93040†	93099	93238	93280	93381-90†	93531-32	93584†	

Northern California Service Area for Kaiser Permanente

The Service Area is that portion of Alameda, Amador, Contra Costa, El Dorado, Fresno, Kings, Madera, Marin, Mariposa, Napa, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Sonoma, Stanislaus, Sutter, Tulare, Yolo, and Yuba Counties within the following ZIP codes:

93230-31	93784	94121-24	94522†	94625-27	94972-74	95213†	95407	95645
93232†	93786	94125-26†	94523	94643	94975-79†	95215	95408†	95648
93242	93790-94†	94127-39	94524†	94649	94998-99	95219-20	95409	95650-52
93601-02	93844	94140-41†	94525-26	94659-60	95002†	95227†	95416†	95655
93604	93888	94142-45	94527-28†	94661-62†	95008	95230-31	95419†	95658-64
93606-07†	94002	94146-47†	94529-30	94666	95009	95234†	95421	95667-74
93609	94003†	94150-56	94533	94701	95011†	95236-37	95425	95676†
93611-12	94005	94157*	94535-36	94702-10	95013†	95240	95430-31†	95677
93613†	94010	94159†	94537†	94712†	95014	95241†	95433†	95678
93614	94011†	94160-63	94538-39	94720	95015†	95242	95436	95680
93616	94012	94164-70†	94540†	94801	95020***	95253†	95439	95681-83
93618	94014-15	94171	94541-42	94802†	95021†	95258	95441-42	95686†
93623	94016-18†	94172†	94543†	94803-06	95026†	95267†	95444	95687-88
93624†	94019-22	94175	94544-47	94807-08†	95030	95269†	95446	95690-95
93625-26	94023†	94177†	94548†	94820†	95031†	95290	95448	95696-98†
93630-31	94024-25	94188†	94549-50	94850	95032-33	95296-98	95450	95703
93637-38	94026†	94203-09†	94551†	94901	95035	95304	95452	95722
93639†	94027-30	94211†	94552-53	94903-04	95036†	95307	95462	95736†
93643-46	94031†	94229-30†	94555-56	94912-15†	95037	95313	95465	95741†
93648	94035†	94232†	94557†	94920	95038†	95316	95471†	95742-43
93649†	94037†	94234-37†	94558-61	94922-25	95042†	95319†	95472	95746-47
93650-54	94038	94239-40†	94562†	94926-27	95044†	95320	95473†	95758
93656-57	94039†	94243-50†	94563-66	94928	95046	95323	95476	95759†
93660	94040-41	94252-54†	94567**	94929†	95050-51	95326	95486-87†	95762
93662	94042†	94256-59†	94568	94930-31	95052†	95328-29†	95492	95763†
93666-69	94043-44	94261-63†	94569-70†	94933†	95053-54	95330	95602-03	95765
93673†	94045†	94267-69†	94571-72	94937	95055-56†	95336-37	95604†	95776
93675	94059†	94271†	94573†	94938†	95070	95350-51	95605	95798-99†
93701-06	94060-63	94273-74†	94574	94939-41	95071†	95352-53†	95607-08	95812-13†
93707-09†	94064†	94277-80†	94575†	94942†	95101-02	95354-58	95609†	95814-38
93710-11	94065-66	94282-91†	94576-80	94945-47	95103†	95360-61	95610	95840-43
93712†	94067†	94293-99†	94581†	94948†	95106†	95363	95611†	95851-53†
93714-18	94070	94301	94582-83	94949	95108-09	95366-68	95612	95857
93720-22	94071†	94302†	94585-92	94950†	95110-13	95376-77	95613†	95860†
93724-28	94074	94303-07	94595-96	94951-52	95114-15†	95378†	95614-16	95864
93729†	94080	94308-10†	94597†	94953†	95116-42	95380	95617†	95865-66†
93740-41	94083†	94401-04	94598-99	94954	95148	95381†	95618-21	95867
93744-45†	94085-87	94405-08†	94601-03	94955†	95150-61†	95382	95623-24	95873
93747†	94088†	94409	94604†	94956	95164†	95385-86	95625†	95887
93750	94089	94497	94605-12	94957†	95170-73†	95387†	95626	95894
93755†	94090†	94501-03	94613-14†	94960	95190-94	95390-91	95628	95899
93759-62	94096	94506-10	94615	94963-64†	95196	95397	95630	95903
93764-65	94098-99	94511†	94617-19	94965	95201	95401	95632-35	95961
93771-79†	94101†	94512-15	94620†	94966†	95202-07	95402†	95638	
93780	94102-18	94516†	94621	94970	95208†	95403-05	95639†	
93782	94119-20†	94517-21	94623-24	94971†	95209-12	95406†	95640-41	

*Subscribers residing in Coachella Valley (greater Palm Springs area) and western Ventura County ZIP codes are required to select a primary care Plan Physician (Affiliated Physician) for themselves and each covered dependent. Members will be contacted after enrollment regarding Plan Physician (Affiliated Physician) selection. **The Knoxville community, which lies within Pope Valley ZIP code 94567, is not in the Service Area. ***The Bells Station community, which lies within Gilroy ZIP code 95020, is not in the Service Area. †Not in the Service Area for Kaiser Permanente Senior Advantage members.

Service Area as of 7/15/2000. Please call the Member Service Call Center at 1-800-464-4000 if you have any questions.