Your Kaiser Permanente **ADMINISTRATION HANDBOOK**

Your guide to providing high-quality health care to your employees

KAISER PERMANENTE®

How to reach us

EMPLOYER QUESTIONS

For questions concerning:

- Contracts
- Renewals
- Benefits

Account Management Team **1-800-790-4661, option 2**

8:30 a.m. to 5 p.m., Monday through Friday

Please fax contract changes and forms to: **1-800-369-8010**

For group-related questions concerning:

- Group membership changes
- Account termination
- COBRA (federal)
- Billing/Payment information

Customer Service Center **1-800-790-4661, option 1**

8 a.m. to 5 p.m., Monday through Friday

Mail or fax membership forms to the appropriate Kaiser Permanente department below.

Southern California
Fax: (858) 614-3345
Kaiser Foundation Health Plan
P.O. Box 23250
San Diego, CA 92193-3250

Northern California
Fax: (858) 614-3344
Kaiser Foundation Health Plan
P.O. Box 23219
San Diego, CA 92193-3219

Note: If you fax the document, you need not mail it. Please include your group's ID number on all correspondence and review billing statements for requested changes.

EMPLOYEE (MEMBER) QUESTIONS

For questions concerning:

- Member benefits and claims
- Available services
- Member-billed COBRA and Cal-COBRA (state)
- Applications for individual plans

MEMBER SERVICE CALL CENTER

1-800-464-4000 English **1-800-788-0616** Spanish **1-800-757-7585** Chinese dialects

7 a.m. to 7 p.m., Monday through Friday; 7 a.m. to 3 p.m., Saturday and Sunday (excluding holidays)

ONLINE

Online support—E-mail us your questions at **AMT@kp.org**. Please include your group number. We will respond to your request within two business days.

For general information—For more information on Kaiser Permanente, please visit **kaiserpermanente.org**.

Table of CONTENTS

Everything you need to complete your group enrollment and administer your group health plan is right here.

Welcome to KAISER PERMANENTE

Thank you for selecting Kaiser Permanente for your company's health care coverage. We look forward to providing you and your employees with high-quality health care.

This booklet contains essential information to help you complete your new group enrollment and administer your Kaiser Permanente health care plan. We've included everything you need—important phone numbers, answers to frequently asked questions, and forms. In the back of the handbook, we have also included your temporary payment coupons and envelopes. Please use these coupons and envelopes to make monthly premium payments until you receive your first bill.

Be sure to also take advantage of Online Account Services—an easy online tool designed to help you manage your group's coverage. Please take a few moments to review information on Online Account Services on page 18. If you have any questions, please contact us. Remember, we're here to help.

- For questions about completing your initial group enrollment, call your Kaiser Permanente sales representative at **1-800-730-4661** for assistance.
- For questions about administering your group health plan, refer to the "How to reach us" guide inside the front cover for contact information.

Thank you for choosing Kaiser Permanente. We look forward to a long and healthy relationship with you.

COMPLETING YOUR INITIAL GROUP ENROLLMENT

Enrollment CHECKLIST

Follow these six simple steps to complete your group's enrollment

To help us process your enrollment accurately, please complete and return all the items listed below. Enrolling is simple and fast, and can be completed by fax for most groups!

1. *New Group Application*—If you have not already done so, complete and fax this form to start your group's application process right away. Membership is limited to those individuals who live or work within the service area ZIP codes. To request a *New Group Application*, please call your sales representative.

2. Employee *Enrollment Form*—Make sure each employee completes, signs, and dates his or her enrollment application. Please make sure employees keep photocopies of their enrollment applications to be used along with their Temporary Membership IDs.

3. *Declination of Coverage*—All eligible employees who voluntarily decline to enroll in the health plan during the enrollment period must complete and sign the *Declination of Coverage*.

4. DE 6 (quarterly wage report)—Include a copy of your most recent quarterly wage report. If you do not file a DE 6, many other documents may satisfy the requirement (e.g., a fictitious business name statement, current business license, legal partnership agreement, articles of incorporation, etc.). Please consult your sales representative to discuss your options.

5. Copy of initial premium—Please make your first month's premium check payable to Kaiser Permanente. Photocopy the completed premium check and include the copy with the enrollment forms. Important: Your company name must be printed on the check. Also, write your purchaser number and your group's effective date on your check. Fax the items listed above to **1-800-369-8010**.

If you are unable to fax the documents, mail them to the following appropriate address. (Sending materials via overnight delivery will expedite the enrollment of your group.)

U.S. mail address
Kaiser Permanente
Small Business Unit
P.O. Box 7104
Pasadena, CA 91109

Overnight delivery address
Kaiser Permanente
Small Business Unit
100 S. Los Robles, 4th Floor
Pasadena, CA 91109

6. First month's premium check—Once your group's enrollment is confirmed, mail the original premium check to the appropriate address listed below.

Northern California groups
Kaiser Foundation Health Plan, Inc.
File Number 73030
P.O. Box 60000
San Francisco, CA 94160-3030

Southern California groups
Kaiser Foundation Health Plan, Inc.
File Number 5915
Los Angeles, CA 90074-5915

For assistance, please call your Kaiser Permanente sales representative at **1-800-730-4661**.

KAISER PERMANENTE®

DECLINATION OF COVERAGE

I have been offered group health coverage through Kaiser Foundation Health Plan, Inc. (Health Plan), by my employer, ______________________________. Group number ______________.

I voluntarily choose not to enroll in the Health Plan through my employer at this time. I understand my next opportunity to enroll myself or my eligible dependents will be during the open enrollment period. The Health Plan's *Evidence of Coverage* also informs the group of my enrollment rights due to: (1) special enrollment due to new dependents, and (2) special enrollment due to loss of other coverage.

Print employee's name	Employee's signature	Social Security number	Date	Reason (must check one box)
		– –		❑ I am covered by other group insurance. ❑ I decline employer-sponsored health coverage.
		– –		❑ I am covered by other group insurance. ❑ I decline employer-sponsored health coverage.
		– –		❑ I am covered by other group insurance. ❑ I decline employer-sponsored health coverage.
		– –		❑ I am covered by other group insurance. ❑ I decline employer-sponsored health coverage.
		– –		❑ I am covered by other group insurance. ❑ I decline employer-sponsored health coverage.
		– –		❑ I am covered by other group insurance. ❑ I decline employer-sponsored health coverage.
		– –		❑ I am covered by other group insurance. ❑ I decline employer-sponsored health coverage.
		– –		❑ I am covered by other group insurance. ❑ I decline employer-sponsored health coverage.
		– –		❑ I am covered by other group insurance. ❑ I decline employer-sponsored health coverage.
				❑ I am covered by other group insurance. ❑ I decline employer-sponsored health coverage.

KAISER PERMANENTE®

PROPRIETOR/PARTNER/ CORPORATE OFFICER FORM

(Please fill out this form for any proprietor, partner, or corporate officer not listed on the *DE 6*.)
To establish the relationship between proprietors, partners, and/or corporate officers to the below-referenced company, please complete and return this form.

I attest that, although my name does not appear on the *DE 6* wage report of the below-named company, the following conditions are true:

1. I am a sole proprietor, partner of a partnership, or corporate officer.
2. I actively work at the below-named company.
3. I draw wages, dividends, or other distributions from the below-named company on at least a monthly basis and am not eligible for group health coverage from any other employment.
4. I work on a permanent, full-time basis for the below-named company for at least 20 hours per week.
5. I satisfied the designated waiting period before coverage became effective.
6. I must provide, upon request from Kaiser Permanente, a copy of my company's fictitious name statement, DBA, legal partnership agreement and *Schedule K*, articles of incorporation, *Schedule C*, current business license, or current professional license.

I understand that this information may be subject to verification and agree to provide Kaiser Foundation Health Plan, Inc., with any information necessary to do so. I also understand that failure to meet the above conditions may result in denial or termination of group health coverage from Kaiser Foundation Health Plan, Inc., for the below-named company.

X _____
Proprietor, partner, or
corporate officer's signature

_____
Print proprietor, partner, or corporate officer's name

_____
Title

_____
Date

_____
Company name

X _____
Proprietor, partner, or
corporate officer's signature

_____
Print proprietor, partner, or corporate officer's name

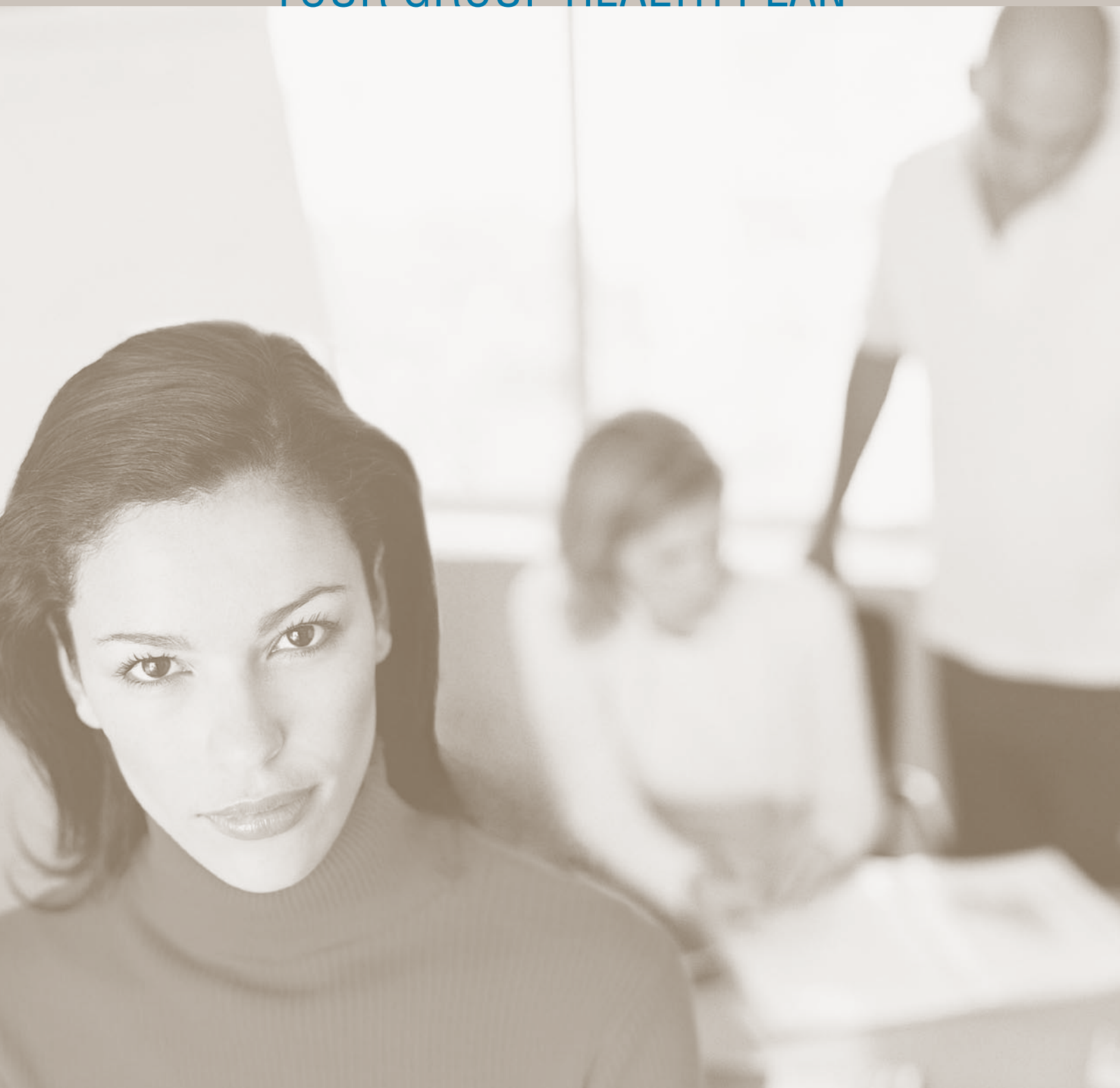
_____
Title

_____
Date

_____
Company name

ADMINISTERING

YOUR GROUP HEALTH PLAN



Frequently asked questions

about administering group health plans

Accounting and billing

▲ Whom do I contact with billing questions?

You may use Online Account Services to check the enrollment status of your employees, verify bills, and confirm receipt of payment. Visit **employers.kaiserpermanente.org**, select your company's region, and click on "Access account."

You may also call the Customer Service Center at **1-800-790-4661, option 1**, from 8 a.m. to 5 p.m., Monday through Friday.

▲ Where can I find my group's rates?

Please refer to your renewed *Group Agreement* contract, which will be mailed to you at least 30 days prior to your group's anniversary date each year.

Benefits

▲ Where can I find information about my group's benefits?

Please see your *Group Agreement* contract.

▲ Whom do my employees call if they have benefit questions?

Your employees and their families may call our Member Service Call Center at **1-800-464-4000**, from 7 a.m. to 7 p.m. weekdays, and 7 a.m. to 3 p.m. weekends (excluding holidays).

COBRA and Cal-COBRA

▲ How do I put someone on COBRA or Cal-COBRA?

Please refer to the COBRA/Cal-COBRA section on page 25 of this booklet.

Contract and rates

▲ How can I get a copy of my *Group Agreement* contract or find out about rates?

Call the Account Management Team at **1-800-790-4661, option 2**, from 8:30 a.m. to 5 p.m., Monday through Friday.

Account authorization

▲ Can I authorize other people to access and administer my group account?

You can assign an employee or your broker as an Interested Party. An Interested Party is an individual authorized to access and administer private information about your group account on your behalf. To assign an Interested Party, please call the Customer Service Center at **1-800-790-4661, option 1**, to obtain a *Purchaser Contact Change Form*. Fax the completed form to **1-800-369-8010**. If you have further questions, please call the Customer Service Center at **1-800-790-4661, option 1**, from 8 a.m. to 5 p.m., Monday through Friday.

Dates

▲ How can I find out my group's renewal/anniversary date?

Please refer to your *Group Agreement* contract.

▲ What is an *event date*?

An event date is the date of a qualifying event that resulted either in the enrollment of an employee or in the addition or deletion of a dependent.

Examples of event dates:

- Date of birth
- Date of marriage
- Date coverage was lost
- Date of adoption
- Date of hire
- Date of rehire

FAQ continued

Dental

▲ How and when can I add Delta Dental coverage?

You can add Delta Dental coverage on your group's renewal/anniversary date. For Delta Dental of California highlights and rates, call the Account Management Team at **1-800-790-4661, option 2**, 8:30 a.m. to 5 p.m., Monday through Friday.

Dependents

▲ What is the maximum age limit for dependent children?

Children can stay on a group plan until they are 19; students can remain on the plan until they are 24 if the subscriber completes the *Student Certification Form*. Disabled dependents may remain on the plan as long as they meet the eligibility requirements for disabled dependents. Please refer to your *Group Agreement* for details.

▲ How do I add or delete dependents?

To add or delete a dependent, complete an *Account Change Form* (provided on page 29 of this booklet). You may also add or delete dependents electronically using Online Account Services. Visit **employers.kaiserpermanente.org** and select your company's region; then click on "Access your account" (see page 18 for more information).

▲ Are family members covered?

Employees can enroll spouses, domestic partners, biological children, adopted children, stepchildren, children of their domestic partners, or children for whom the employee has obtained legal guardianship as described in the *Group Agreement*.

Enrollment

How do I enroll a new employee?

Once a new employee has completed the new-hire eligibility period, the employee needs to complete and sign an *Enrollment Form*. You may enroll new employees electronically using Online Account Services. Visit **employers.kaiserpermanente.org** and select your company's region. Click on "Access your account" (see page 18 for more information). If you do not have access to the Internet, send completed enrollment forms via fax or mail to:

Northern California
Kaiser Foundation Health Plan
P.O. Box 23219
San Diego, CA 92193-3219
Fax: **(858) 614-3344**

Southern California
Kaiser Foundation Health Plan
P.O. Box 23250
San Diego, CA 92193-3250
Fax: **(858) 614-3345**

How do I get an *Enrollment Form* or an *Account Change Form*?

You may request forms by calling the Customer Service Center at **1-800-790-4661, option 1**, 8 a.m. to 5 p.m., Monday through Friday. Or you may visit our Web site at **kp.org/ca/smallbusinesscustomer** to download and print these and other forms.

How do I find out if you have received an *Enrollment Form* or an *Account Change Form*?

Call the Customer Service Center at **1-800-790-4661, option 1**, from 8 a.m. to 5 p.m., Monday through Friday. We can verify whether we have received faxed forms after 72 hours. Most forms are processed within 7 to 10 days of receipt.

When does coverage for a rehire become effective?

Coverage for a rehire is effective on the first of the month following the date of rehire, if the rehire date is within one year of the original termination date. If the rehire date is later than one year following termination, the employee is considered to be a new hire and must satisfy the new-hire eligibility period.

▲ What is loss of coverage?

Loss of coverage is when an employee loses group health care coverage through no fault of his or her own. The employee is eligible for coverage on a group plan on the first of the month following the date of loss. When completing the *Enrollment Form*, check "Other" in the enrollment box and write in *loss of coverage*. (In this case, the event date is the date coverage was lost.)

▲ What is a new-hire probationary period?

The new-hire probationary period is the length of time an employee must wait before becoming eligible for health coverage on the first of the following month. You select your new-hire probationary period when you activate or renew your contract.

▲ What is open enrollment?

Open enrollment is the period of time during which you are allowed to offer health care coverage to employees who did not elect coverage when they became eligible and to add employees who wish to change their health carriers. Employees may also add dependents not previously enrolled during this time. Open enrollment usually occurs during the month before the anniversary of your company's enrollment in Kaiser Permanente.

▲ How many hours does my employee have to work to be eligible for health coverage?

Employees **must** work 20 hours or more per week. You may determine your company's own eligibility requirements as long as eligible employees work at least 20 hours per week.

Identification card

▲ How can my employees obtain services prior to receiving Kaiser Permanente identification cards?

Employees can receive care at our facilities any time after your group's coverage becomes effective. An employee will simply fill out the *Temporary Membership ID Form* found in the enrollment book and present it to the receptionist, along with a copy of his or her *Enrollment Form* and picture ID.

▲ How can my employees replace their Kaiser Permanente identification cards?

Employees can call our Member Service Call Center at **1-800-464-4000** from 7 a.m. to 7 p.m. weekdays, and 7 a.m. to 3 p.m. weekends (excluding holidays).

Information online

▲ Can I download information and forms from your Web site?

For your convenience, the following documents can be downloaded and printed at any time from our Web site at **employers.kp.org**.

- *Account Change Form*
- *Subscriber Termination and Transfer Form*
- *COBRA Information Sheet* and *COBRA Enrollment Form*
- *Plan Change Request Form*
- *Continuation of Coverage Options*
- *Request for Schedule A*
- *Student Certification*
- *Disabled Dependent Enrollment Application*

Termination

▲ How do I terminate an employee's coverage?

Use the *Termination Report* on page 33. All forms must be received by Kaiser Permanente within two months of the date of termination. The effective date is always the first of the month following the date of termination.

Account Services

It's easier electronically

No matter what size your business is, you can take advantage of Kaiser Permanente's time-saving e-business functions.

Our Web site is simple to use—you'll be surprised at just how easy it is to manage your account online.

You'll have round-the-clock access to help ensure the accuracy of your bills and reduce processing times.

Register for our e-business services *today.*

Efficient eligibility management

Visit **employers.kaiserpermanente.org** and select your company's region. Click on "Access your account." From there, you can:

- **Take a tour of our online services.**
- **Register.** When you fill out a *User ID Request Form*, we'll mail you access and sign-on instructions.
- **Sign in.** Use your user name and password to access and manage your account anytime using our online administration tools.

With our online services, you can log on anytime to enroll or terminate employees and their dependents and amend demographic information. Most transactions are completed immediately. Please print a copy of the completed forms for your records.

Prompt customer service

Use our online functions to check the enrollment status of your employees and their dependents, verify bills, and confirm receipt of payments. Our Web site offers convenient communication with our Account Management Team.

Online bill payment

There's no more waiting for bills to arrive in the mail—with our paperless billing function, we'll e-mail you when your bill is ready for viewing (you will continue to receive a paper bill in the mail). You can submit your payment electronically. Online data entry and communication between your group and Kaiser Permanente help improve accuracy of information.

What are Online Account Services?

Online Account Services are secure features developed specifically to help employers manage their Kaiser Permanente accounts. These services allow you to:

- Add or terminate employee and dependent coverage*
- Change employee and dependent demographic information
- View a list of subscribers and their covered dependents
- View your balance due
- View transaction history
- View your monthly bill
- Pay your bill

Are these services free?

Yes.

Are enrollment changes immediately completed?

Demographic and coverage changes are completed immediately. (Coverage changes may include adding a newborn, new spouse, or other dependents, as well as terminations.) That means they are registered on our system when you click the "Submit" button. Terminations are effective the first day of the following month. When the online system can't match the enrollee to an existing record with 100 percent accuracy, the information will be sent to an account administration representative for manual processing. Our service goal is to process these enrollments within two business days.

*When adding an employee, please print a copy of the *Enrollment Form*, have the employee sign the form, and keep it for your records.

ONLINE Account Services continued

Can I still transmit membership information via electronic file transfer?

Yes. In fact, we encourage it. Sending membership changes electronically is a great way to go. However, the online functions can still benefit you by:

- Providing a quick way to get a status on your account without making a phone call
- Allowing you to work according to your schedule, without limiting you to Kaiser Permanente's service hours

Will I still receive a paper bill?

Yes, you will also receive a paper bill.

Do I have to use the Internet for everything?

No. We are offering you the use of the Internet as an additional, convenient way to work with Kaiser Permanente. We believe it makes the administration of your Kaiser Permanente health care plan easier. Think of Online Account Services as a "health plan ATM," as it provides you with fast service. You will still have an assigned account administration representative who is available from 8 a.m. to 5 p.m., Monday through Friday, for one-on-one customer service.

Will this service handle COBRA enrollments?

Yes, you can process COBRA enrollments using Online Account Services.*

*This feature does not apply to COBRA plans directly billed to the member.

Will my employees have access to the Online Account Services site?

No. The site is only for the use of your designated company representative to manage your health plan accounts online. Employees who have selected Kaiser Permanente as their health plan can use our Web site, **members.kaiserpermanente.org**, to:

- Request routine appointments*
- Use the health and drug encyclopedias
- Contact a pharmacist with a nonurgent question*
- Access other useful features to help them manage their health care

Can I create an additional user ID for another person?

Absolutely. Kaiser Permanente will provide you with one user ID that gives you administrator privileges. That ID allows you to create additional user IDs for those you wish to access the site and to vary their privileges according to their responsibilities. (You will find this function under the "Account access" drop-down menu within Online Account Services.)

When can I begin using Online Account Services?

As soon as you receive your purchaser ID, you can preview Online Account Services by taking a site tour. At the end of the tour you can download a *User ID Request Form* (this form can also be found on page 23 of this handbook) and fax it to us. You should receive a user ID and password in the mail within seven business days so you can begin using the site. Please note that you must list yourself as the "Requester" on the form. For security purposes, we will only mail the user ID and password to you.

*Some services are not available in all areas.

Online Account Services USER ID REQUEST FORM

Please complete all sections of this form (except the shaded area at the bottom, which will be completed by Kaiser Permanente).

Purchaser name

Date

Group administrator (contact) name

Mailing address

City

State

ZIP code

( )
Phone number

( )
Fax number

E-mail address (required)

Authentication code

Please enter 4 to 10 letters and/or numbers as your authentication code, and keep this code in your records for future reference. (If your administrator-level password needs to be transferred to a different individual, or becomes disabled and needs to be reactivated, this code will help us authenticate the request.)

Accounts to access

Purchaser/Group number (6 digits)	Billing unit/Subgroup (4 digits)

Requester signature

Title

( )
Name (please print)

Phone number

Mail complete form to:

Kaiser Permanente
Customer Service Center
P.O. Box 23758
San Diego, CA 92193-9915
Attn: Web Security Administrator

Or fax to:

Kaiser Permanente
Customer Service Center
Attn: Web Security Administrator
(858) 614-3315

Date received:		**Date created:**	
Assigned user ID:		**Temporary password:**	

Note: For security purposes, once a user ID is established, a confirmation letter that contains the user ID and temporary password will be sent to the individual responsible for the group's contract.

COBRA and Cal-COBRA

Federal and state laws require employers and health plans to offer continued health coverage to eligible terminated employees and their dependents. The chart below shows information on benefits, rates, and eligibility. If you need further information on COBRA, please call the Customer Service Center at **1-800-790-4661, option 1**, 8 a.m. to 5 p.m., Monday through Friday.

If you need further information on Cal-COBRA, please call the Member Service Call Center at **1-800-464-4000**, 7 a.m. to 7 p.m., Monday through Friday, and 7 a.m. to 3 p.m., weekends (except holidays).

	COBRA	Cal-COBRA
Benefits same as the group plan	Yes	Yes
Rates	The original group premiums, plus applicable administrative fee	The original group premiums, plus applicable administrative fee
Eligibility	For groups of 20 or more employees: all family members who were covered under the original group plan coverage	For groups of 19 or fewer employees: all family members who were covered under the original group plan coverage
For individual member information or an application	The group administrator must call the Customer Service Center at **1-800-790-4661**.	The employee who is terminating must call the Member Service Call Center at **1-800-464-4000**.

AVOIDING processing delays

To prevent processing delays, you should submit completed *Enrollment Forms* throughout the month—as soon as you receive them from your employees. Delays in processing are often due to missing and inaccurate information. Use the following checklist to help make certain all the necessary information is complete and correct.

Forms can be faxed or mailed to:

Northern California
Kaiser Foundation Health Plan
P.O. Box 23219
San Diego, CA 92193-3219
Fax: (858) 614-3344

Southern California
Kaiser Foundation Health Plan
P.O. Box 23250
San Diego, CA 92193-3250
Fax: (858) 614-3345

Have you included the following?

- Group number
- Enrollment/Billing unit number/plan
- Medical record number (if known) for each subscriber and dependent
- Date of birth for each subscriber and dependent
- Social Security number for each subscriber and dependent
- Full addresses
- Signature of the subscriber
- Date of hire or qualifying event

Remember to keep a copy for your records.

FORMS

Account Change Form

Student Certification

Termination Report

Temporary payment coupons

Use the following forms to request changes to your account. If you need additional forms, you can make copies of the originals or call the Customer Service Center at **1-800-790-4661, option 1**, from 8 a.m. to 5 p.m., Monday through Friday, to order more. You can also download and print these forms online at any time through our Web site at **employers.kaiserpermanente.org**.

Account Change Form: Use this form to enroll new employees, add or delete dependents, or make address or name changes. See page 29.

Student Certification: The subscriber must complete this form certifying that the dependent qualifies for coverage as an eligible student. See page 31.

Termination Report: Complete this form to show terminations to your account. See page 33.

ACCOUNT CHANGE FORM

TO BE COMPLETED BY EMPLOYER Please print or type in black ink only. Read instructions on the back. Make a copy for your records.

Company name *(required)* | Date of hire *(required)*

Group number *(required)* | Enrollment unit/plan *(required)* | Effective date of coverage *(required)*

REQUESTED CHANGE(S)

❑ Add dependents *(complete sections A, B, C)* ❑ Delete dependents *(complete sections A, B)*

Reason _____ *(see "Change reason table")* Event date _____

❑ Name change *(complete sections A, B, C)* From _____ To _____

❑ Address *(complete section A)* _____

❑ Telephone *(complete section A)* _____

A. EMPLOYEE INFORMATION

Name (Last, First, MI) | Medical record number

Home address | Apt. no. | City | State | ZIP

Home phone | Work phone | Social Security number

E-mail

B. FAMILY INFORMATION For additional dependents, attach a separate sheet and please put the employee's name at the top.

❑ Spouse ❑ Domestic partner Name (Last, First, MI): Former last name *(if any)*:	Gender ❑ M ❑ F Date of birth MM/DD/YY	Social Security number Medical record number
❑ Child ❑ Student Name (Last, First, MI): Relationship:	Gender ❑ M ❑ F Date of birth MM/DD/YY	Social Security number Medical record number
❑ Child ❑ Student Name (Last, First, MI): Relationship:	Gender ❑ M ❑ F Date of birth MM/DD/YY	Social Security number Medical record number
❑ Child ❑ Student Name (Last, First, MI): Relationship:	Gender ❑ M ❑ F Date of birth MM/DD/YY	Social Security number Medical record number

Do any of your dependents listed above live at another address? ❑ Yes ❑ No If yes, complete the following:

Name (Last, First, MI) | Address

C. Kaiser Foundation Health Plan Arbitration Agreement: I understand that (except for small claims court cases, claims subject to a Medicare appeals procedure and, if my group must comply with the Employee Retirement Income Security Act, certain benefit-related disputes) any dispute between myself, my heirs, or other associated parties on the one hand, and the Health Plan, its health care providers, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in the 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 lawsuit or resort to court process, except as applicable 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 full arbitration provision is contained in the *Evidence of Coverage*.

Employee signature | Date

KAISER PERMANENTE®

Account Change Form

General instructions

1. Please print legibly in black ink.
2. The employer must complete the first section labeled "To be completed by employer."
3. The employer is responsible for confirming all information prior to submitting, especially effective dates as these affect health plan premiums.
4. The employee/subscriber must complete sections A through C. See right column for detailed instructions.
5. Be sure to sign and date the bottom of the form.
6. Once the form is complete (including completed employer section), the subscriber should make a copy for his/her records.
7. All changes to accounts, including effective dates and child or student status, will be made in accordance with the contractual agreement between the purchaser and Kaiser Permanente.

Instructions for completing sections

To be completed by employer: The employer must complete all fields to ensure we have correct account and reason information. The employer is responsible for confirming all information submitted by the subscriber, especially effective dates as these affect health plan premiums.

Requested changes: The subscriber must always complete this section, even when making minor changes to the account. This ensures our information is current. Please mark the box if your address or telephone number is new.

Section A: The subscriber must complete this section.

Section B: The subscriber must indicate the requested change being made to the account and complete all fields for any dependents being enrolled. We will verify the eligibility of these dependents during the enrollment process. Be sure to include any former last names for both spouses and dependents. Also indicate the appropriate role. The student role should only be marked if the dependent qualifies as an *overage dependent* attending school. Please contact your employer regarding the employer's rules for overage dependent students. A completed *Student Certification Form* may be required.

Section C: The subscriber must complete this section.

Change reason table

Add dependent reason	**Event date**
Acquired student status*	Date student status was obtained
Family adoption*	Date of adoption
Loss of coverage	Date coverage was lost
New spouse (marriage)*	Date of marriage
Moved into service area	Move date
Newborn addition	Date of birth
Open enrollment	Open enrollment effective date
Delete dependent reason	**Event date**
Loss of student status	Date of status change
Divorce	Date of divorce
Member deceased*	Date of death
Delete dependent(s)	Dependent termination date
Open enrollment	Open enrollment effective date

*Additional documentation may be required.

Student Certification

Requirements for dependent student coverage

- Must be enrolled in an accredited institution
- Must be dependent upon subscriber for support
- Must be unmarried
- Must be younger than age 24
- Units required are determined by the employer

Dependent's name | Dependent's medical record number

Date of birth (MM/DD/YY) | Dependent's Social Security number

School name

School address | City | State | ZIP

Student ID number | Number of units carried

Subscriber's name | Subscriber's medical record number

Group ID

I certify that the dependent shown meets all of the requirements for coverage on my account. I understand the health plan coverage for this dependent will terminate on the first day of the month following the date that any one of these requirements is no longer met.

X

Subscriber's signature

Social Security number | Date

Employee: Return completed form to your employer.

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Termination Report

Complete this form to show terminations to your account.

Group number

Enrollment unit

Group name

Date submitted

Contact name

Area code and phone number

Subscriber name	Subscriber Social Security number	Family account number	Termination effective date	Termination reason*

*Termination reasons

- Employment terminated
- Subscriber deceased
- Layoff/Leave of absence
- Retired
- Changed insurance carriers
- Never eligible—enrolled in error
- COBRA time limit reached (for purchaser-administered COBRA only)
- Transfer to purchaser-administered COBRA (Attach COBRA election form.)
- Transfer to new purchaser/enrollment unit number (Attach signed *Enrollment Form*.)

Mailing addresses and fax numbers

Northern California
Kaiser Foundation Health Plan
P.O. Box 23219
San Diego, CA 92193-3219
Fax: (858) 614-3344

Southern California
Kaiser Foundation Health Plan
P.O. Box 23250
San Diego, CA 92193-3250
Fax: (858) 614-3345

Temporary payment coupons

Your payment is due by the 25th of the month prior to the month of coverage. Depending on the timing of your new group setup, you may not receive a statement from us for up to 60 days.

For your convenience in making payments during this time, we have included two temporary payment coupons. Please complete and send a coupon with your payment until your first statement arrives. Simply pay the same amount as your first month's premium submitted with your new group application. Return the coupon and your payment in one of the envelopes provided. You may also visit our Web site at **employers.kaiserpermanente.org** to print these payment coupons.

fold and tear

RETURN THIS PORTION

KAISER PERMANENTE®

with your payment in the envelope provided.

Group name

Group number

Apply to the month/year of: Month / Year

Estimated payment amount:

fold and tear

RETURN THIS PORTION

KAISER PERMANENTE®

with your payment in the envelope provided.

Group name

Group number

Apply to the month/year of: Month / Year

Estimated payment amount:

Temporary payment envelopes

Mail your monthly payment using these pre-addressed remittance envelopes. If you need additional envelopes, please call the Customer Service Center at **1-800-790-4661, option 1**, from 8 a.m. to 5 p.m., Monday through Friday.

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