

California Region Group Enrollment/Change Form

Please print or type in black ink only. See instructions on reverse before completing this form. Make a copy for your records.

TO BE COMPLETED BY EMPLOYER

Company name **UDW San Diego Provider Union Health Benefits** Hire date (mm/dd/yyyy) - Not applicable

Group number **228586** Enrollment unit 7003 or 7004 Effective enrollment/ - Not Applicable
change date (mm/dd/yyyy)

A. ENROLLMENT/CHANGE REASON (see Change Table for assistance) New group: Yes No

New Hire (complete sections A, B, C, D) Open Enrollment (complete sections A, B, C, D)
Health Plan (Check one) HMO Plan

Loss of Other Coverage (complete sections A, B, C, D) Other (please specify) Not Applicable

Name change (complete sections A, B, C, D) From: Not Applicable To: Not Applicable

Event Date (mm/dd/yyyy) Not Applicable

B. EMPLOYEE Have you ever been a Kaiser Permanente member? Yes No

Medical Record No. (if known)

Social Security No.

Name (Last, First, MI)

Birth Date (mm/dd/yyyy)

Gender M F

Home Address

City

State

ZIP

Work Phone

Home Phone

E-mail

Ethnicity

Preferred Language

This plan is a \$30 deduction per month which will be deducted from your state issued paycheck.

PLEASE make sure to sign and date below and complete the questionnaire on the back side.

D. 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 ERISA, certain benefit-related disputes) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and 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 Health Plan, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), 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 our 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/Applicant signature

Date

*Additional documentation may be required.

