

This application for Kaiser Foundation Health Plan, Inc. (Health Plan) benefits is intended for the business(es) below (attach additional sheets if necessary).

**PLEASE SELECT AND CIRCLE THE PLAN(S) FOR YOUR GROUP**

■ **Effective date** \_\_\_\_\_

<b>Deductible Plans</b>	<input type="checkbox"/> <b>\$30/\$1,000 Plan</b> ○ Dental _____ ○ Chiropractic _____	<input type="checkbox"/> <b>\$20/\$1,000 Plan</b> ○ Dental _____ ○ Chiropractic _____	<input type="checkbox"/> <b>\$10/\$1,000 Plan</b> ○ Dental _____ ○ Chiropractic _____	
	<input type="checkbox"/> <b>\$50 Plan</b> ○ Dental _____ ○ Chiropractic _____	<input type="checkbox"/> <b>\$30 Plan</b> ○ Dental _____ ○ Chiropractic _____	<input type="checkbox"/> <b>\$20 Plan</b> ○ Dental _____ ○ Chiropractic _____	<input type="checkbox"/> <b>\$15 Plan</b> ○ Dental _____ ○ Chiropractic _____

**Dental and Chiropractic are optional.** If your group selects a dental plan or chiropractic benefit, each subscriber and dependent enrolling in the medical plan must also enroll in the dental plan or chiropractic benefit. You may choose one of the six dental plans available, which can be paired with your most comprehensive plan(s).

Business name \_\_\_\_\_

Address (in California) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax number \_\_\_\_\_ E-mail (By giving Kaiser Permanente your e-mail address, you agree to receive e-mail from us.) \_\_\_\_\_

Type of business or SIC/NAICS code (optional) \_\_\_\_\_ In business since \_\_\_\_\_

Check here if you had previous group coverage through Kaiser Permanente. (Please provide your previous Kaiser Permanente Group Number \_\_\_\_\_.)

■ If your group has 20 or more employees, select one of the following choices for administering COBRA:  Group-administered billing  Kaiser Permanente-administered billing

**Principal Owners/Corporate Officers**

1. Name _____	Title _____	Social Security number/EIN _____
2. Name _____	Title _____	Social Security number/EIN _____

■ Including partners, proprietors, and employees of affiliates who are entitled to file a joint return, the company currently employs, in all locations, \_\_\_\_\_ individuals. Of those, \_\_\_\_\_ would be in a class eligible for coverage under Health Plan.

■ How long must a new hire be employed before being offered health care benefits? **Benefits are effective the first of the month following the waiting period.** (check one)  Date of hire  30 days  60 days  90 days  180 days  365 days

Mr.  Mrs.  Ms.

■ Billing statements to be mailed to (person/title) _____	Address _____	City _____	State _____	ZIP _____
■ Contract to be mailed to (person/title) _____	Address _____	City _____	State _____	ZIP _____

Check here if this person is authorized to make changes to your contract.

■ Interested Party (An Interested Party is authorized to access information about your account.)

**Please complete, sign, and date below.** I authorize the following individual to act as Broker of Record for Kaiser Foundation Health Plan, Inc.

Broker name _____	Firm name _____	
Broker address _____		
City ( ) _____	State ( ) _____	Zip _____
Phone _____	Fax _____	

ACal L&D Lic. # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Kaiser Permanente Broker ID # \_\_\_\_\_

As company principal/corporate officer, having authority to contract with Kaiser Foundation Health Plan, Inc., I agree that my company will contribute at least 50 percent of the employee-only rate for the < 30 age band for each subscriber, that our prepaid monthly dues will be submitted by the 30th of each month prior to the month of coverage, that my company will use enrollment application forms that are provided or approved by Health Plan, and that my company will abide by the contract provisions.

**Note: Binding arbitration does not apply to disputes with Kaiser Permanente Insurance Company (KPIC) or disputes with out-of-network providers.**

**Binding Arbitration Agreement:** Disputes between Members, their heirs, or 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 the *Group Agreement*, including any claim for medical or hospital malpractice, for premises liability, or relating to the coverage for, or delivery of, services or items pursuant to the *Group Agreement*, irrespective of legal theory, must be decided by binding arbitration and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. Members enrolled under the *Group Agreement* thus give up their right to a court or jury trial, and instead accept the use of binding arbitration as specified in the applicable *Evidence of Coverage* except that the following types of claims are not subject to binding arbitration:

- Claims within the jurisdiction of Small Claims Court
- Claims subject to a Medicare appeals procedure as applicable to Kaiser Permanente Senior Advantage and Medicare Cost Members
- If the Member's Group must comply with the Employee Retirement Income Security Act (ERISA) requirements, the claim is a benefit-related request that constitutes a "benefit claim" in Section 502(a)(1)(B) of ERISA. Note: Benefit claims under this Section of ERISA are excluded from this binding arbitration requirement only until such time as the United States Department of Labor regulation prohibiting mandatory binding arbitration of this category of claim (29 CFR 2560.503-1(c)(4)) is modified, amended, repealed, superseded, or otherwise found to be invalid. If this occurs, these claims will automatically become subject to mandatory binding arbitration without further notice.

**X** \_\_\_\_\_

Employee signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_