



KAISER PERMANENTE

Kaiser Foundation Health Plan, Inc.
Electronic Documents Policy

This policy document constitutes the explicit, written permission of Kaiser Foundation Health Plan, Inc., (Health Plan) for the Purchaser to use the accompanying Health Plan Enrollment and Member electronic documents under the following conditions:

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

These electronic documents are being provided in English. Translation of these documents by any person/organization other than by Health Plan (or certified translation agencies authorized by Health Plan) is prohibited. Please contact your Health Plan account representative to learn which documents are available in other languages.

These electronic documents may be posted to Purchaser Web sites.

Health Plan will provide updated versions of these electronic documents if there are substantive language changes. Purchasers must transfer the updated versions to their sites as soon as reasonably possible, but not later than 30 days after receipt of an updated document.

The Disclosure Form (DF) is subject to change. Health Plan will provide substantive DF 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 to ensure accurate tracking.

If you have questions about our Electronic Documents Policy, or questions about a specific request for an electronic document, please contact your account representative for assistance.

Kaiser Foundation Health Plan, Inc.
California Division

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

Company Name or Trust Fund Name	Purchaser Number	Enrollment Unit Number (EU)
Purchaser Contact	Phone Number	Fax Number

B. REQUESTED CHANGE(S)

- | | |
|--|---|
| <input type="checkbox"/> Address Change (Complete Section C) | <input type="checkbox"/> Add Dependent (Complete Sections C and E) |
| <input type="checkbox"/> Name Change (Complete Sections C and D) | <input type="checkbox"/> Delete Dependent (Complete Sections C and E) |

C. EMPLOYEE/SUBSCRIBER INFORMATION (Please complete all fields)
 Check here if new address

Last Name	First Name	MI	Medical Record Number
Street Address		City	State ZIP Code
Social Security Number	Day Phone	Evening Phone	

D. NAME CHANGE

From: Last Name First Name MI To: Last Name First Name MI

E. LIST FAMILY MEMBERS TO BE ENROLLED/DELETED (Please attach additional sheet, if adding more than three dependents.)

Have any dependents ever been Kaiser Permanente members? If so, please indicate their Medical Record Number in the field below.

Spouse	<input type="checkbox"/> Add	<input type="checkbox"/> Delete			
Last Name	First Name	MI	Medical Record No.	Social Security No.	Maiden/Other Name
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse	<input type="checkbox"/> Domestic Partner
Reason for Add/Delete (See back of form)			Date of Birth	Event Date	Effective Date

Dependent 1	<input type="checkbox"/> Add	<input type="checkbox"/> Delete			
Last Name	First Name	MI	Medical Record No.	Social Security No.	Relationship
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child <input type="checkbox"/> Student	
Reason for Add/Delete (See back of form)			Date of Birth	Event Date	Effective Date

Dependent 2	<input type="checkbox"/> Add	<input type="checkbox"/> Delete			
Last Name	First Name	MI	Medical Record No.	Social Security No.	Relationship
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child <input type="checkbox"/> Student	
Reason for Add/Delete (See back of form)			Date of Birth	Event Date	Effective Date

Dependent 3	<input type="checkbox"/> Add	<input type="checkbox"/> Delete			
Last Name	First Name	MI	Medical Record No.	Social Security No.	Relationship
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Child <input type="checkbox"/> Student	
Reason for Add/Delete (See back of form)			Date of Birth	Event Date	Effective Date

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

Name(s)	Address	City	State	ZIP Code
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I understand that, except for Small Claims Court cases and claims subject to a Medicare appeals procedure, any dispute between myself, my heirs, 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, 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 arbitration provision is contained in the *Evidence of Coverage*.

Subscriber Signature (Required for all changes)
Date

Account 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 on the enclosed sheet.
3. The employer must complete Section A.
4. The employer is responsible for confirming all information prior to submitting, especially effective dates as these affect your Health Plan dues.
5. The employee/subscriber must complete Sections B through E. See right column for detailed instructions.
6. Be sure to include the date and your signature at the bottom of the form.
7. Once the form is complete (including Section A), the subscriber should retain the last copy for their records to use as a temporary ID card.
8. 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 A through E:

Section A: The employer must complete all fields to ensure we have correct account and enrollment reason information. **The employer is responsible for confirming all information submitted by the subscriber, especially effective dates as they affect your Health Plan dues.**

Section B: The subscriber must indicate the requested change they are making to their account. They must then complete the other sections indicated. Please print legibly in black or dark blue ink.

Section C: 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 is new. Always include your Medical Record Number.

Section D: The subscriber should complete this section to notify Kaiser Permanente of a name change. Include both the prior name and the new name.

Section E: The subscriber should complete this section when adding, updating, or deleting dependent information. Include any prior last names for both spouse and dependents. Include their Kaiser Permanente Medical Record Number, if they have one. Include the reason and event date for the dependent addition or deletion from the table below.

Addition/Deletion Reasons and Event Dates

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	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

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:

90001-84	90637-40	91040-43	91390	91761-73	92054-58	92268*	92427	92801-09	93224-26
90086-89	90650-52	91046	91392-96	91775-76	92064-65	92270*	92501-09	92811-12	93238
90091	90659-62	91050-51	91399	91778	92067-69	92274-78*	92513-19	92814-17	93240-41
90093-97	90665	91066	91401-13	91780	92071-72	92282*	92521-22	92821-23	93243
90099	90670-71	91077	91416	91784-86	92074-75	92284-86*	92530-32	92825	93250-52
90101-03	90680	91101-10	91423	91788-93	92078-79	92292*	92543-46	92831-38	93261
90174	90701-03	91114-18	91426	91795	92082-85	92305	92548	92840-46	93263
90185	90706-07	91121	91436	91797-99	92090-93	92307-08	92551-57	92850	93268
90201-02	90710-17	91123-26	91470	91801-04	92096	92313-18	92562-64	92856-57	93276
90209-13	90720-21	91129	91482	91841	92101-24	92320-22	92567	92859-71	93280
90220-24	90723	91131	91495-97	91896	92126-40	92324-26	92570-72	92877-83	93285
90230-33	90731-34	91175	91499	91899	92142-43	92329	92581-87	92885-87	93287
90239-42	90740	91182	91501-08	91901-03	92145	92333-37	92595-96	92899	93301-09
90245	90742-49	91184-89	91510	91908-17	92147	92339-41	92599	93001-07*	93311-13
90247-51	90801-10	91191	91521-23	91921	92149-50	92345-46	92602-07	93009*	93380-90
90254-55	90813-15	91201-10	91526	91931-33	92152-55	92350	92609-10	93010-12	93501-02
90260-67	90822	91214	91601-12	91935	92158-79	92352	92612	93015-16	93504-05
90270	90831-35	91221-22	91614-18	91941-47	92182	92354	92614-16	93020-21	93510
90272	90840	91224-26	91701-02	91950-51	92184	92357-59	92618-20	93022*	93518-19
90274-75	90842	91301-13	91706	91962-63	92186-87	92369	92623-30	93030-35*	93531-32
90277-78	90844-48	91316	91708-11	91976-80	92190-99	92371-78	92646-63	93040	93534-36
90280	90853	91319-22	91714-16	91990	92201-03*	92382	92672-79	93041-44*	93539
90290-96	90888	91324-31	91718-20	92007-09	92210-11*	92385-86	92683-85	93060-61*	93543-44
90301-13	91001	91333-35	91722-24	92014	92220	92391-94	92688	93062-66	93550-53
90397-98	91003	91337	91729-35	92018-27	92223	92397	92690-94	93093	93560-61
90401-11	91006-07	91340-46	91737	92029-30	92230*	92399	92697-98	93099	93563
90501-10	91009-12	91350-65	91739-41	92033	92234-36*	92401-08	92701-12	93203	93581
90601-10	91016-17	91367	91743-50	92037-40	92240-41*	92410-15	92728	93205-06	93584
90612	91020-21	91371-72	91752	92046	92252-56*	92418	92735	93215-16	93586
90620-24	91023-25	91376-77	91754-56	92049	92258*	92420	92780-82	93220	93590-91
90630-33	91030-31	91380-88	91758-59	92051-52	92260-64*	92423-24	92799	93222	93599

* 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.

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:

93230-32	93724-29	94074	94267-69	94659-62	95013-15	95230-31	95376-78	95476	95741-43
93242	93740-41	94080	94271	94666	95020**-21	95234	95380-82	95486-87	95746-47
93601-02	93744-45	94083	94273-74	94701-10	95026	95236-37	95385-87	95492	95758-59
93604	93747	94085-90	94277-80	94712	95030-33	95240-42	95390-91	95602-05	95762-63
93606-07	93750	94096	94282-91	94720	95035-38	95253	95397	95607-21	95765
93609	93755	94098-99	94293-99	94801-08	95042	95258	95401-09	95623-26	95776
93611-14	93759-62	94101-12	94301-10	94820	95044	95267	95416	95628	95798-99
93616	93764-65	94114-47	94401-09	94850	95046	95269	95419	95630	95812-38
93618	93771-80	94150-57	94497	94901	95050-56	95290	95421	95632-35	95840-43
93623-27	93782	94159-72	94501-03	94903-04	95070-71	95296-98	95425	95638-41	95851-53
93630-31	93784	94175	94506-31	94912-15	95101-03	95304	95430-31	95645	95857
93637-39	93786	94177	94533	94920	95106	95307	95433	95648	95860
93643-46	93790-94	94188	94535-53	94922-31	95108-42	95313	95436	95650-52	95864-67
93648-54	93844	94203-09	94555-66	94933	95148	95316	95439	95655	95873
93656-57	93888	94211	94567*	94937-42	95150-61	95319-20	95441-42	95658-64	95887
93660	94002-03	94229-30	94568-83	94945-57	95164	95323	95444	95667-74	95894
93662	94005	94232	94585-92	94960	95170-73	95326	95446	95676-78	95899
93666-69	94010-12	94234-37	94595-99	94963-66	95190-94	95328-30	95448	95680-83	95903
93673	94014-31	94239-40	94601-15	94970-79	95196	95336-37	95450	95686-88	95961
93675	94035	94243-50	94617-21	94998-99	95201-13	95350-58	95452	95690-98	
93701-12	94037-45	94252-54	94623-27	95002	95215	95360-61	95462	95703	
93714-18	94059-67	94256-59	94643	95008-09	95219-20	95363	95465	95722	
93720-22	94070-71	94261-63	94649	95011	95227	95366-68	95471-73	95736	

* 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.

Service Area as of 11/6/2001. Please call the Member Service Call Center at 1-800-464-4000 if you have any questions.

Southern California Service Area for Kaiser Permanente Senior Advantage (KPSA)

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

90001-84	90637-40	91040-43	91390	91761-73	92054-58	92260-64*	92501-09	92814-17	93240-41
90086-89	90650-52	91046	91392-96	91775-76	92064-65	92270*	92513-19	92821-23	93243
90091	90659-62	91050-51	91399	91778	92067-69	92276*	92521-22	92825	93250-52
90093-97	90665	91066	91401-13	91780	92071-72	92282*	92530-32	92831-38	93261
90099	90670-71	91077	91416	91784-86	92074-75	92292*	92543-46	92840-46	93263
90101-03	90680	91101-10	91423	91788-93	92078-79	92305	92548	92850	93268
90174	90701-03	91114-18	91426	91795	92082-85	92307-08	92551-57	92856-57	93276
90185	90706-07	91121	91436	91797-99	92090-93	92313-18	92562-64	92859-71	93280
90201-02	90710-17	91123-26	91470	91801-04	92096	92320-22	92567	92877-83	93285
90209-13	90720-21	91129	91482	91841	92101-24	92324-26	92570-72	92885-87	93287
90220-24	90723	91131	91495-97	91896	92126-40	92329	92581-87	92899	93301-09
90230-33	90731-34	91175	91499	91899	92142-43	92333-37	92595-96	93001-07*	93311-13
90239-42	90740	91182	91501-08	91901-03	92145	92339-41	92602-07	93009*	93380-90
90245	90742-49	91184-89	91510	91908-17	92147	92345-46	92610	93010-12	93501-02
90247-51	90801-10	91191	91521-23	91921	92149-50	92350	92612	93015-16	93504-05
90254-55	90813-15	91201-10	91526	91931-33	92152-55	92352	92614-16	93020-21	93510
90260-67	90822	91214	91601-12	91935	92158-79	92354	92618-20	93022*	93518
90270	90831-35	91221-22	91614-18	91941-47	92182	92357-59	92623-30	93030-35*	93531-32
90272	90840	91224-26	91701-02	91950-51	92184	92369	92646-63	93040	93534-36
90274-75	90842	91301-13	91706	91962-63	92186-87	92371-78	92672-79	93041-44*	93539
90277-78	90844-48	91316	91708-11	91976-80	92190-99	92382	92683-85	93060-61*	93543-44
90280	90853	91319-22	91714-16	91990	92201-03*	92385-86	92688	93062-66	93550-53
90290-96	90888	91324-31	91718	92007-09	92210-11*	92391-94	92690-94	93093	93560-61
90301-13	91001	91333-35	91722-24	92014	92220	92397	92697-98	93099	93563
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90401-11	91006-07	91340-46	91737	92029-30	92230*	92401-08	92728	93205-06	93586
90501-10	91009-12	91350-65	91739-41	92033	92234-36*	92410-15	92735	93215-16	93590-91
90601-10	91016-17	91367	91743-50	92037-40	92240-41*	92418	92780-82	93220	93599
90612	91020-21	91371-72	91752	92046	92253*	92420	92799	93222	
90620-24	91023-25	91376-77	91754-56	92049	92255*	92423-24	92801-09	93224-26	
90630-33	91030-31	91380-88	91758-59	92051-52	92258*	92427	92811-12	93238	

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Northern California Service Area for Kaiser Permanente Senior Advantage (KPSA)

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93230-32	93724-29	94074	94267-69	94659-62	95011	95227	95366-68	95471-73	95736
93242	93740-41	94080	94271	94666	95013-15	95230-31	95376-78	95476	95741-43
93601-02	93744-45	94083	94273-74	94701-10	95020**-21	95234	95380-82	95486-87	95746-47
93604	93747	94085-90	94277-80	94712	95026	95236-37	95385-87	95492	95758-59
93606-07	93750	94096	94282-91	94720	95030-33	95240-42	95390-91	95602-05	95762-63
93609	93755	94098-99	94293-99	94801-08	95035-38	95253	95397	95607-21	95765
93611-14	93759-62	94101-12	94301-10	94820	95042	95258	95401-09	95623-26	95776
93616	93764-65	94114-47	94401-09	94850	95044	95267	95416	95628	95798-99
93618	93771-80	94150-57	94497	94901	95046	95269	95419	95630	95812-38
93623-27	93782	94159-72	94501-03	94903-04	95050-56	95290	95421	95632-35	95840-43
93630-31	93784	94175	94506-31	94912-15	95070-71	95296-98	95425	95638-41	95851-53
93637-39	93786	94177	94533	94920	95101-03	95304	95430-31	95645	95857
93643-46	93790-94	94188	94535-53	94922-25	95106	95307	95433	95648	95860
93648-54	93844	94203-09	94555-66	94927-31	95108-42	95313	95436	95650-52	95864-67
93656-57	93888	94211	94567*	94933	95148	95316	95439	95655	95873
93660	94002-03	94229-30	94568-83	94937-42	95150-61	95319-20	95441-42	95658-64	95887
93662	94005	94232	94585-92	94945-57	95164	95323	95444	95667-74	95894
93666-69	94010-12	94234-37	94595-99	94960	95170-73	95326	95446	95676-78	95899
93673	94014-31	94239-40	94601-15	94963-66	95190-94	95328-30	95448	95680-83	95903
93675	94035	94243-50	94617-21	94970-79	95196	95336-37	95450	95686-88	95961
93701-12	94037-45	94252-54	94623-27	94998-99	95201-13	95350-58	95452	95690-98	
93714-18	94059-67	94256-59	94643	95002	95215	95360-61	95462	95703	
93720-22	94070-71	94261-63	94649	95008-09	95219-20	95363	95465	95722	

* 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.

Service Area as of 11/6/2001. Please call the Member Service Call Center at 1-800-464-4000 if you have any questions.