

Southern California United Food & Commercial Workers Unions and Food Employers Joint Benefit Funds Administration, LLC

Enrollment Form Retirees

6425 Katella Avenue, Cypress, CA 90630-5238 P.O. Box 6010, Cypress, CA 90630-0010 877-284-2320 • scufcwfunds.com

Marie Carolinean Add on Discussion Concess of Yours Concess of	approved, will be effective the first of the						all boxes that apply. Plan changes, if Please print legibly using black ink.
Section Sect	☐ Open Enrollment ☐ Add	ress Change	☐ Medicare Entitler	ment 🔲 D		_	<u> </u>
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For Persons Not Eligible for Medicare:	Are you enrolled in MediCal or as an individual in a Medicare HMO? Are you employed in a job in which you are eligible under this Name of Plan						
			ction 2 of the Form Instruction	ns for additional		sons Eligible	for Medicare:
Anthem Blue Cross HMO - anthem.com/CA #282241 Mark only ONE box: Anthem Medicare Preferred PPO Group# CAEGR014				☐ Indemni	y PPO Medic	al Plan	
Select MMO Network - Find a PCP: tinyunt.com/Select/HMOSearch Blue Cross HMO (CACare) Network - Find a PCP: tinyunt.com/Blue/CrossHMOSearch Blue Cross HMO (CACare) Limited Choice Network - Find a PCP: tinyunt.com/Blue/CrossHMOSearch If Anthern HMO is selected, complete the selection below. You must choose one network for all non-Medicare family members for the entire year and each of you must choose a PCP/Medical Group #Enrollment #	Kaiser Permanente HMO Plan - kp.org	PID# 101500 EU#		Kaiser S	enior Advanta	age with Part	D kp.org/medicare PID# 101500 EU#
Blue Cross HMO (CACare) Limited Choice Network - Find a PCP: tinyurt.com/BlueCrossHMOSearch If Anthem HMO is selected, complete the selection below. You must choose one network for all non-Medicare family members for the entire year and each of you must choose a PCP/Medical Group in that network. You must reside in the chosen network's service area. You can review the service area ZIP Codes by visiting the HMO's website prior to making your selection. PCP/Medical Group #Enrollment #			•	☐ Anthem	Medicare Pre	ferred PPO Gr	oup# CAEGR014
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3. SPOUSE/DOMESTIC PARTNER'S INFORMATION Spouse/Domestic Partner's Last Name First M.I. Social Security # Permanent Residence Address Street: City State ZIP Code Date of Birth (mm/dd/yyyy) City State ZIP Code Male Female Home phone Totally Disabled? Permanent Partner's Information Are you eligible for Medicare? (See Section 2 Instructions) Are you enrolled in Medical or as an individual in a Medicare HMO? Yes Name of Plan Medical Plan Enrollment. Select one plan. Please refer to section 2 of the Form Instructions for additional information. For Persons Not Eligible for Medicare: Indemnity PPO Medical Plan - anthem.com/CA Anthem Blue Cross HMO Plan - kp. org PID# 101500 EU# Anthem Blue Cross HMO (CACare) Network - Find a PCP: tinyurt.com/BlueCrossHMOSearch Blue Cross HMO (CACare) Network - Find a PCP: tinyurt.com/BlueCrossHMOSearch If Anthem HMO is selection, om pilet the selection below. You must choose on network's service area. You can review the senvice area. You can review the sen	PCP/Medical Group in that network. You must						
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Cell phone	3. SPOUSE/DOMESTIC Spouse/Domestic Partner's Last Name Permanent Residence Address	☐ Yes ☐ No	INFORMATION First		M.I.	ZIP Code	·
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Page 2	Participant's Last Name	Participant's First			Social Security #				
4. DENTAL PLAN SELECTION Select one plan. Refer to the Summary Comparison of Medical and Dental Plans for cost of coverage and enrollment requirements.									
Indemnity The Indemnity you to choose	Dental Plan: O Dental Plan allows your own dentist. , check here.	R Prepaid from that do choose belo	Dental Plan: If ental office. If you ow. If you enroll in	you choose an office listed enroll you must use service the Prepaid Plan outside of the third OE following that o	below, yo s from the Open Enr	ou must use dental offic	services e you		
		Dr. Schni	ierow & Associates (H	lawthorne) 310-679-0106	San Di	ego Dental G	roup (La Mesa) 619-464-4242	
		Santa Mo	onica Dental Practice	(Santa Monica) 310-393-0743	Allcare	e Dental (Sant	ta Ana) 855-86	66-2273	
☐ Ilya Zak, DDS (Long Beach) 562-426-6458									
5. DEPEND	DENT CHILDRI	EN INFORI	MATION	See Section 5 Instructions for re	quest proof o	f dependent sta			
5A. Last Name			First		N	Mid. Initial	Social S	ecurity #	
Address (if d. Street:	(City	S	tate	ZIP Code	☐ Male ☐ Female	Date of Birth	
1 *	child on your federal in from, separated from,		☐ Yes ☐ No	If you answered "No," arent? ☐ Yes ☐ No	answer th	e following	questions:	•	
1 1	other parent claim the o	O			☐ Yes ☐	□No			
Is the child eligible	e for Medicare?	Part A ☐ Pa	rt B Is the	e child totally & permanently			□ No Group# CAEGF	2014	
	vork - Find a PCP, go to: tin		OSearch		ledicare Pre	eterrea PPO C	roup# CAEG	(U14	
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				You can review the service area 2					
PCP#		Current patient? ☐ Yes ☐ No	Physician's Last Na	me	First				
5B. Last Name			First		1	Mid. Initial	Social S	ecurity #	
Address (if different from Retiree) Street:		City			ZIP Code	☐ Female	Date of Birth		
Are you divorced Does the child's of Is the child eligibl Anthem Blue Cross Select HMO Netw	child on your federal in from, separated from, other parent claim the claim the for Medicare?	or not living with child as a dependent A Part A Part ONE Box yurl.com/SelectHM	dent on his or her fort B Is the	ederal income taxes? e child totally & permanently Anthem N	☐ Yes ☐ / disabled?	□ No	questions: No Group# CAEGF	2014	
Blue Cross HMO (CACare) Limited Choice Network - Find a PCP: tinyurl.com/BlueCrossHMOSearch If Anthem HMO is selected, complete the selection below. You must choose one network for all non-Medicare family members for the entire year and each of you must choose a									
PCP/Medical Group i				r all non-medicare lamily member You can review the service area 2					
PCP#	election. CP# Current patient? PI □ Yes □ No		Physician's Last Na	hysician's Last Name First					
5C. Last Name			First		<u> </u>	Mid. Initial	Social S	ecurity #	
Address (if different from Retiree) Street:		City				☐ Male ☐ Female	Date of Birth		
Do you claim this child on your federal income taxes?									
Are you divorced from, separated from, or not living with the child's other parent?									
Is the child eligible for Medicare? Part A Part B Is the child totally & permanently disabled? Yes No									
Anthem Blue Cross HMO #282241 Mark Only ONE Box Anthem Medicare Prefered PPO Group# CAEGR014 Select HMO Network - Find a PCP, go to: tinyurl.com/SelectHMOSearch									
☐ Blue Cross HMO (CACare) Network - Find a PCP go to: tinyurl.com/BlueCrossHMOSearch									
☐ Blue Cross HMO	(CACare) Limited Choice N	etwork - Find a PCP:	tinyurl.com/BlueCro	ssHMOSearch					
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selection. PCP#		Current patient? ☐ Yes ☐ No	Physician's Last Na	me	First				
6. DIS-ENF	ROLL		Se <u>e Sec</u>	tion 6 instructions.					
Last Name						ate of Birth Reason		on	
Last Name		First		Social Security #		Date of Birth		on	
Last Name		First		Social Security #	Date of	Birth	Reas	on	
Last Name		First		Social Security #	Date of	Birth	Reas	on	

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Page 3	Participant's Last Name	Participant's First	Social Security #
IMPORTANT	- YOUR ENROLLMENT FORM CANN	IOT BE PROCESSED WITH	OUT THE NECESSARY SIGNATURE(S).
 If you are en 	rolling/enrolled in the Indemnity PPO M rolling/enrolled in Kaiser, sign on both I rolling/enrolled in Anthem Blue Cross H	lines 1 and 2 below.	
myself and the el authorize any me Unions and Food also authorize the or dental informa (and/or any famil trial. If I am not e effective date of coverage, and th n the Medical an	ligible members of my family in the Medical and edical or dental provider or other health care pradical or dental provider or other health care pradicated in the Eund" of the Eund, its agents, designees or representative attion required to process any claim. I understancy member enrolled hereunder) and any HMO of interest in a Medicare HMO, I hereby agree to make the Eund may recover any unpaid premium for the Eund	I/or Dental Plan marked above. To actitioner, hospital or other institution required to process any class to disclose to any medical or denied that any dispute or controversy with repaid Dental Plan office must be naintain the Medical and /or Dental that I must pay a premium contribution any Health and Welfare Benefition permitted by law, if I do not ma	provided is true, correct and complete. I hereby enroll the extent consistent with applicable law, I hereby in to fumish the United Food & Commercial Workers in for me or any dependent I enroll in these Plans. I sal provider or HMO or Prepaid Dental Plan, any medical provider or HMO or Prepaid Dental Plan, any medical provider or HMO application in lieu of a jury or cour plan coverage I have selected for 12 months from the tion to the Fund each month in order to maintain my transfer to the required monthly contributions. I hereby request use, correct and complete.
1. Signature	of Participant		Date
I understand that regulation, and relatives, or oth providers, admi membership in unauthorized or delivery of, serv or resort to cou		ims subject to a Medicare appeal pinding arbitration under governi (aiser Foundation Health Plan, Ir e other hand, for alleged violation pspital malpractice (a claim that in ently rendered), for premises liably must be decided by binding arbitration es for judicial review of arbitration	ng law) any dispute between me, my heirs, ic. (KFHP), any contracted health care in of any duty arising out of or related to nedical services were unnecessary or ility, or relating to the coverage for, or ation under California law and not by lawsuit in proceedings. I agree to give up our right to a
2. If you are e	enrolling in the Kaiser Permanente HMO Plan, yo	ou MUST also sign here	Date
			oding arbitration: 1) the Preferred Provider Organization (PPO) Out-of-Area Indemnity (OOA) plans; and 4) KPIC Dental plans.
Anthem Blue	<u>Cross™ Members</u>		
Requirement	for Binding Arbitration		
Company requinder the plarexceeds the justed and state of the plant of	uire binding arbitration to settle all dispun/policy or any other issues related to the urisdictional limit of small claims court at ate law, including but not limited to, the ding disputes relating to the delivery of dispute as to medical malpractice, regard	utes, including but not limited ne plan/policy and claims of neand the dispute can be submed Patient Protection and Afforwardices under the plan/policarding whether any medical subject of the plan o	n Blue Cross Life and Health Insurance to disputes relating to the delivery of service nedical malpractice, if the amount in dispute itted to binding arbitration under applicable dable Care Act. It is understood that any y or any other issues related to the plan/policy ervices rendered under this contract were dered, will be determined by submission to including but not limited to, the Patient

a P a a p icial ive ou and ery

, , ,		claims of medical malpractice, if the amount in disput
•	•	an be submitted to binding arbitration under applicable on and Affordable Care Act. It is understood that any
		e plan/policy or any other issues related to the plan/po
		y medical services rendered under this contract were
		petently rendered, will be determined by submission to
arbitration as permitted and as provided by applicat		
		ourt process except as California law provides for judienting into it, are giving up their constitutional right to ha
' '		ire accepting the use of arbitration. This means that yo
		surance Company are waiving the right to a jury trial a
•	•	other disputes, including disputes, relating to the delive
of service under the plan/policy or any other issues	related to the plan.	/policy.
3. If you are enrolling in an Anthem Blue Cross HMO/ Medicare PPO, you MUST also sign here	Date	Participant's Name (please print)