

Use this form to enroll in Kaiser Permanente. (All fields with * are required.)

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CITY efaf8 County dΙΖ Mailing address (if different from home) # JGA ZV. → State 01010 Ssanppe amon 12 45110W7 First pame" Preferred language (optional) 8690-56-855 госіяі геспцій питрец Former/Maiden name Have you ever been a member of, or received care from, Kaiser Permanente in California? □ kez □ No **MOLTAMBORNI BEYOLIME** If you have an existing account, please email completed form to csc-sd-sba@kp.org as a PDF attachment or fax to 855-355-5334. Enrollment reason (Please check one) ☐ New Broup account Themtloine nagO 🗀 🗆 other: Pian selection* Subgroup ID (if assigned) Employee classification (if applicable) / 10 / Сотралу паме• Effective date" (can only start the first of the month) (bengissa ti) Ol quota COMPANY & PLAN INFORMATION

If you decline coverage for yourself or an eligible dependent, you can only enroll during an annual open enrollment period established by your employer, or during a special enrollment period if you've experienced a qualifying event. You must request coverage within 60 days of a qualifying event. Special enrollment qualifying event.

Day phone

4021- Bb2(929)

Evening phone

• Loss of health care (minimal essential) coverage, resulting from any of the following: loss of employer-sponsored coverage because you and/or your dependent on longer meet the eligibility requirements, or your employer no longer of stops contributing premium payments; loss of eligibility for CBAR coverage from a reason other than termination for cause or nonpayment of premiums on a timely basis or situations allowing for a reasonsoin firaud or intentional governmental coverage ends; or for any reasons other than failure to pay premiums on a timely basis or situations allowing for a reasonsoin firaud or intentional misterial scots of the circumstances described in misterial scot; or loss of the circumstances described in Section 54, 1005 (10); inclusive, of Title S0 of the Circumstances described in Section 54, 1007 (10); inclusive, of Title S0 of the Circumstances described in Section 54, 1007 (10); inclusive, of Title S0 of the Circumstances described in Section 54, 1007 (10); inclusive, of Title S0 of the Circumstances described in Section 54, 1007 (10); inclusive, of Title S0 of the Circumstances described in S0 of the Circumstances de

United States Gode;
• Gaining or becoming a dependent due to marriage, domestic partnership, birth, adoption, placement for adoption, or assumption of a parent-child relationship;

A valid state or federal court order that you or your dependent be covered:

The prior health coverage issuer substantially violated a material provision of the health coverage contract;

A network provider's participation in your and/or your dependent's health plan ended when you and/or your dependent's breath plan ended when your dependent's were under active condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration); a serious chronic condition is a medical medical problem or worsens over medical duration.
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date or Within 180 days of the effective date of coverage for a newly covered insured;

• Amember of the reserve forces of the United States military returning from active duty or a member of the California Mational Guard returning from active duty.

service junder Title 32 of the United States Code;

• An individual demonstrates to the Department of Managed Health Care or Department of Insurance, as applicable, with respect to health benefit plans offered outside; the individual didn't enroll in a health benefit plan during the immediately preceding enrollment period available because the individual outside; the individual didn't enroll in a health benefit plan during the immediately preceding enrollment period available because the individual was misinformed that he or she was covered under minimum essential coverage.

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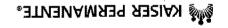
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Date of birth (mm/dd/yyyy)*

EMPLOYEE ENROLLMENT Small Business

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Email completed form to csc-sd-sba@kp.org or fax to 865-355-5334.



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1× N 1 0661 1 081 50 9897 - SOZ (b99) Dedeclared □ 9897 - SoZ (699) Date of birth (mm/dd/yyyy)" CIF etate Conupl dΙΖ (emod mort frenefit) is astron home) # IdA Oh 876 CIA. EXKDEN GROVE ORYNGE *etete Сопид ANY JOOM A-BNYJO V800V *ssaippe amoth # .fqA NAKADN Jeweu 1887 47 HN40 .8WBU 1511 Preferred (anguage (optional) Strt2-27-88t. unuper 72-22 Former habisMyrame Наve you ever been a member of, or received care from, Kaiser Permanente in California? oN 💢 səv 🗀 **MOITAMROANI 33YOJ9MA** If you have an existing account, please email completed form to cac-sd-sba@kp.org as a PDF attachment or fax to 855-5354. Eurollment reason (Piease check one) 🔲 New group account 🗇 Open ehrollment ::JeqtO □ Plan selection* Subgroup ID (if assigned) Employee classification (if applicable) COMPANY NAME" (MICKEN) PHAYMACY / 10 / Group ID (if assigned) Effective date" (can only start the first of the month) **СОМРАЧУ & РІАН ІНГОЯМАТІОН**

If you decline coverage for you've experienced a qualifying event, you can only enroll during an annual open enrollment period established by you've experienced a qualifying event, You must request coverage within 60 days of a qualifying event. Special enrollment qualifying events include:

Loss of health care (minimal essential) coverage, resulting from any of the following; loss of employer-sponsored coverage because you and/or your dependent
 Loss of health care (minimal essential) coverage in the following; your and/or your dependent's individual, Medi-Cal, Medi-

United States Code:

• Gaining or becoming a dependent due to marriage, domestic partnership, birth, adoption, placement for adoption, or assumption of a parent-child relationship;

A valid state or federal court order that you or your dependent be covered:

- · Permanent relocation, such as moving to a new location and having a different choice of health plans, or being released from incarceration;
- The prior hasth coverage issuer substantially violated a material provision of the health coverage contract;

 A network provider's participation in your and/or your dependent's health plan ended when you and/or your dependent(s) were under active care for one of the following condition: an acute condition is a medical involves a sudden onset of symptoms due to an illness, injury, or other medical attention and that has a limited duration); a serious chronic condition is a medical medical problem or medical involves a sudden onset of symptoms due to a disease, illness, or other medical problem or medical disorder that's serious in nature and that persists without full cure or worsens over condition due to a disease, illness, or other medical problem or medical disorder that's serious in nature and that persists without full cure or worsens over condition due to a disease, illness, or other medical problem or medical disorder that's serious in nature and that persists without full cure or worsens over condition due to a disease, illness, or other medical problem or medical disorder that's serious in nature and that persists without full cure or worsens over
- medical problem that requires prompt medical attention and that has a limited duration); a serious chronic condition (4 sendos chronic condition (4 sendos chronic condition) as a condition due to a disease, illness, or other medical problem or medical disorder that's serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or pevent deterioration); pregnancy; terminal illness (a terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less); care of a newborn child between birth and age 36 months; or performance of a surgery or other procedure that he contracts bermination or performance of a surgery or other procedure that is newly covered insured:
- A member of the reserve forces of the United States military returning from active duty or a member of the California Mational Guard returning from active duty service under Title 32 of the United States Code;
- An individual demonstrates to the Department of Managed Health Care or Department of Insurance, as applicable, with respect to health benefit plan during the Immediately preceding enrollment period available because the individual was miginformed that the individual under minimum essential coverage.

(All flelds with * are required.)

FAMILY INFORMATION (Please list only those family members to be enrolled.) EMPLOYEE ENROLLMENT

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2202 /80/ED Employee signature*

'Dispiration: 1) Preferred Kaiser Permanente Insurance Company (KPIC) coverage aran't subject to binding arbitration: 1) Preferred Provider Organization (PPO) plans and 2) (Ali flelds with * ara required.)