

KAISER PERMANENTE

2024 Enrollment Form – LEVEL A Professional Musicians Local 47 Health and Welfare

STEP 1 EMPLOYEE INFORMATION				■ NEW ADDRESS
Last Name	First Name	Middle Int.	Birth Date	LAST 4 Digits of SSN
Address		Home Phone		Business Phone
City		State		Zip Code

STEP 2 FAMILY ENROLLMENT OPTION		
<input type="checkbox"/> Member	<input type="checkbox"/> Member + One	<input type="checkbox"/> Member + Family

STEP 3 BENEFIT SELECTION		
SELECT MEDICAL PLAN – PLANS INCLUDE LANDMARK CHIROPRACTIC/ACUPUNCTURE		
<input type="checkbox"/> Kaiser (TRADITIONAL HMO) \$30 co-pay / \$500 Hospital	<input type="checkbox"/> Kaiser (DEDUCTIBLE HMO) \$20 co-pay / \$1,500 Deductible	<input type="checkbox"/> Kaiser High Deductible (HSA Qualified HMO) \$30 co-pay / \$3,200 Deductible

STEP 4 SELECT DENTAL & VISION PLAN	
<input type="checkbox"/> Delta Dental (PPO) & EyeMed Vision	<input type="checkbox"/> DeltaCare USA (HMO) & EyeMed Vision

STEP 5 DELTACARE USA - PROVIDER INFORMATION
Dental Provider #

STEP 6 LIST DEPENDENT(S) TO BE COVERED				
Last Name	First Name	Date of Birth	SSN	SEX
Spouse/Dom Partner				
Dependent				
Dependent				
Dependent				

PLEASE READ CAREFULLY AND SIGN BELOW

Kaiser Foundation Health Plan, Inc., Arbitration Agreement*

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, 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*.

Signature Required for all Kaiser Permanente Plans

Date

**Disputes arising from the following fully-insured Kaiser Permanente Insurance Company coverages are not subject to binding arbitration: 1) the Preferred Provider Organization (PPO) and the Out-of-Network portion of the Point-of-Service (POS) plans; 2) Preferred Provider Organization (PPO) plans; 3) Out-of-Area Indemnity (OOA) plans; and 4) KPIC Dental plans.*

PAYMENT DETAIL

Amount Paid	By Check <input type="checkbox"/>	Online Payment <input type="checkbox"/>	Payment Date	Unit No.	Effective Date Of Coverage
\$	Check#	(via Musicians Website)	/ /	3000-0003-	/ /