

KAISER PERMANENTE

2024 Enrollment Form - LEVEL C 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 Social Security No. |
| Address | | Home Phone | | Business Phone |
| City | | State | Zip Code | |

STEP 2 FAMILY ENROLLMENT OPTION

Member
 Member + One
 Member + Family

STEP 3 BENEFIT SELECTION

Kaiser Permanente – HSA Qualified High Deductible HMO
 \$30 office visit co-pay AFTER \$3,200 Deductible + 30% for some services

STEP 4 LIST DEPENDENT(S) TO BE COVERED

| Last Name | First Name | Date of Birth | M or F | Social Security Number |
|--------------------|------------|---------------|--------|------------------------|
| Spouse/Dom Partner | | | | |
| Dependent | | | | |
| Dependent | | | | |
| Dependent | | | | |

STEP 5 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- | / / |