

This application for Kaiser Foundation Health Plan, Inc. (Health Plan) benefits is intended for the business(es) below (attach additional sheets if necessary).

■ **Effective date** _____

Please select and circle one plan

Deductible Plans	\$30/\$1,000 Plan	\$20/\$1,000 Plan	\$10/\$1,000 Plan		
Copayment Plans	\$50 Plan	\$30 Plan	\$20 Plan	\$15 Plan	\$5 Plan
Paired Option	Paired Option				
POS Plans*	\$25 POS Plan	\$35 POS Plan	POS Plan with Infertility		

*Jointly offered by Kaiser Foundation Health Plan, Inc. and Kaiser Permanente Insurance Company (KPIC).

- Check here to select the *optional* **Delta Dental** coverage, underwritten by KPIC. **Select and circle one plan below.**
- Check here to select the *optional* **Chiropractic** benefit.

Plan C	Plan D	Plan E	Plan E w ortho (requires at least 25 subscribers)
Plan D PPO 1500	Plan E PPO 1000	Plan E PPO 1500	

(If your group selects a dental plan or chiropractic benefit, each subscriber and dependent enrolling in the medical plan must also enroll in the dental plan or chiropractic benefit.)

Business name _____

Address (in California) _____

City _____ State _____ ZIP _____

Phone _____ Fax number _____ E-mail (By giving Kaiser Permanente your e-mail address, you agree to receive e-mail from us.) _____

Type of business or SIC/NAICS code (optional) _____ In business since _____

- Check here if you had previous group insurance through Kaiser Permanente.
(Please provide your previous Kaiser Permanente Group Number _____.)

- If your group has 20 or more employees, select one of the following choices for administering COBRA: Group-administered billing Kaiser Permanente-administered billing

Principal Owners/Corporate Officers

1. Name _____ Title _____ Social Security number/EIN _____

2. Name _____ Title _____ Social Security number/EIN _____

- Including partners, proprietors, and employees of affiliates who are entitled to file a joint return, the company currently employs, in all locations, _____ individuals. Of those, _____ would be in a class eligible for coverage under Health Plan.
- How long must a new hire be employed before being offered health care benefits? **Benefits are effective the first of the month following the waiting period.** (check one) Date of hire 30 days 60 days 90 days 180 days 365 days
- Mr. Mrs. Ms.

■ Billing statements to be mailed to (person/title) Address City State ZIP _____

■ Contract to be mailed to (person/title) Address City State ZIP _____

Check here if this person is authorized to make changes to your contract.

- Interested Party (An Interested Party is authorized to access information about your account.)

Please complete, sign, and date below. I authorize the following individual to act as Broker of Record for Kaiser Foundation Health Plan, Inc.

Broker name _____ Firm name _____

Broker address _____

City _____ State _____ ZIP _____

() ()

Phone _____ Fax _____

ACal L&D Lic. # _____ Exp. date _____ Kaiser Permanente Broker ID # _____

As company principal/corporate officer, having authority to contract with Kaiser Foundation Health Plan, Inc., I agree that my company will contribute at least 50 percent of the employee-only rate for the < 30 age-band for each subscriber, that our prepaid monthly dues will be submitted by the 30th of each month prior to the month of coverage, that my company will use enrollment application forms that are provided or approved by Health Plan, and that my company will abide by the contract provisions.

Binding Arbitration Agreement: Disputes between Members, their heirs, or 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 the *Group Agreement*, including any claim for medical or hospital malpractice, for premises liability, or relating to the coverage for, or delivery of, services or items pursuant to the *Group Agreement*, irrespective of legal theory, must be decided by binding arbitration and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. Members enrolled under the *Group Agreement* thus give up their right to a court or jury trial, and instead accept the use of binding arbitration as specified in the applicable *Evidence of Coverage* except that the following types of claims are not subject to binding arbitration:

- Claims within the jurisdiction of Small Claims Court
- Claims subject to a Medicare appeals procedure as applicable to Kaiser Permanente Senior Advantage and Medicare Cost Members
- If the Member's Group must comply with the Employee Retirement Income Security Act (ERISA) requirements, the claim is a benefit-related request that constitutes a "benefit claim" in Section 502(a)(1)(B) of ERISA. Note: Benefit claims under this Section of ERISA are excluded from this binding arbitration requirement only until such time as the United States Department of Labor regulation prohibiting mandatory binding arbitration of this category of claim (29 CFR 2560.503-1(c)(4)) is modified, amended, repealed, superseded, or otherwise found to be invalid.

If this occurs, these claims will automatically become subject to mandatory binding arbitration without further notice. Note: Binding arbitration does not apply to disputes with Kaiser Permanente Insurance Company (KPIC) or disputes with out-of-network providers.

X
Employer Signature _____ Title _____ Date _____

Enrollment provisions

ENROLLMENT ELIGIBILITY AND COST CONTRIBUTIONS

The following summary provides some important details about enrollment eligibility, employer contributions, and payroll deductions to cover the cost of coverage. Please see your Group Agreement for more information about eligibility, participation, and contribution requirements.

COMPANY ELIGIBILITY FOR COVERAGE

Your company qualifies for our small group coverage if you have at least two but no more than 50 full-time employees worldwide (working at least 30 hours per week).

CALIFORNIA ENROLLMENT GUIDELINES

Your group must enroll a minimum of one employee in our small group coverage, with at least 70 percent of eligible employees covered by any group health plan (that is, through their employer or their spouse's employer, etc.).

EMPLOYEE AND FAMILY DEPENDENT ELIGIBILITY

Employees and their family dependents (spouse/domestic partner, unmarried children to age 19, and students to age 24) are eligible for coverage if the employee lives or works within our ZIP code Service Areas listed on the next page.

ANNUAL OPEN ENROLLMENT

Once a year, employees must be given the opportunity to change plans or add dependents not previously enrolled. Employees and/or dependents who do not enroll when first eligible must wait until the annual open enrollment period to enroll, unless enrollment is due to new dependents or loss of other coverage.

EMPLOYER'S CONTRIBUTION AND PAYROLL DEDUCTION

Your minimum cost contribution must be the greater dollar amount of the following scenarios: (a) 50 percent of the employee-only rate for the less-than 30 age-band, or (b) the required equal dollar amount contribution to an alternate plan your company may offer.

Any part of the cost not paid by your company must be collected from the employees through payroll deduction.

FULL-MONTH COVERAGE

Kaiser Permanente membership begins on the first day of the month following the waiting period that you specify for new hires and continues through the end of the termination month.