

Enrollment Application Instructions

General instructions:

1. Please print firmly and legibly in black ink.
2. To be enrolled, you must reside within one of the ZIP codes listed on the enclosed sheet.
3. The employer must complete Section A.
4. The employer is responsible for confirming all information prior to submission.
5. The employee/subscriber must complete Sections B and C. See right column for detailed instructions.
6. Be sure to sign and date the bottom of the form.
7. Once the form is complete (including Section A), the subscriber should retain the last copy for their records to use as a temporary ID card, after the effective date.
8. All enrollments will be made in accordance with the contractual agreement between the purchaser and Kaiser Permanente.

Instructions for completing Sections A through C:

Section A: The employer must complete all fields to ensure we have correct account and enrollment reason information. Always indicate the appropriate enrollment reason. For "other" enrollment requests, write in the reason from the table below. Be sure to include the event date, where requested.

Section B: The subscriber should complete all fields in this section to ensure we have your current information and can find any prior membership records.

Section C: The subscriber should complete all fields for any dependents being enrolled. We will verify the eligibility of these dependents during the enrollment process. Be sure to include any prior last names for both spouses and dependents. Also indicate the appropriate role. The student role should only be marked if the dependent qualifies as an "overage dependent" attending school. Please contact your employer regarding their rules for overage dependent students. A completed Student Certification Form may be required.

Enrollment Reason Table

Enrollment Reason	Event Date
Part-Time to Full-Time Status	Effective Date of Full-Time Status
Loss of Coverage	Date Coverage Was Lost
Moved into Service Area	Move Date
Rehire	Date of Rehire
Return from Layoff/Leave of Absence	Return Date
Return from Military Duty	Return Date

Mailing information

Mail or fax this form to:

Northern California:

Kaiser Permanente
California Service Center
P.O. Box 23448
San Diego, CA 92193-3448
Fax: (858) 614-3344

Southern California:

Kaiser Permanente
California Service Center
P.O. Box 23758
San Diego, CA 92193-3758
Fax: (858) 614-3345