Community Health Care Program

Instructions for completing the Kaiser Permanente for Individuals and Families Application for Health Coverage

This document tells you how to complete the Kaiser Permanente for Individuals and Families (KPIF) Application for Health Coverage when applying for the Community Health Care Program (CHCP) in California.



What you need to do:

- In Step 2, select the Kaiser Permanente Platinum 90 HMO health plan
- In Step 4, if you're applying for more than 3 dependents, follow the instructions
- **Sign and date** the application on pages 7 and 8.
- Send your documents in one of these ways:

By email: CHC-Applications@kp.org

By mail: Kaiser Permanente

Attn: CHC

P.O. Box 939095

San Diego, CA 92193-9095

By fax: 1-855-355-5334



What you don't need to do:

Many sections of the KPIF application don't apply to you and you don't need to complete them. We've grayed out those sections in this guide so that you know what parts to skip.

- You don't need to include payment with your application.
- You don't need to provide a Social Security number. We're required to ask you for a Social Security number or tax identification number, but neither one is required.
- You don't need to complete any steps after Step 7 in the KPIF application.
 No payment information is required.

We're here to help

If you have any questions, please call Member Services at **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week (closed major holidays).



KAISER PERMANENTE

Application for health coverage

Individual and Family Plans

application?



You may use this application to apply for a Kaiser Permanente for Individuals and Families (KPIF) plan.

- If you want coverage for your family on the same KPIF plan, please fill out one application for the family. If someone in your family wants a different health plan, they must complete a separate application.
- \bullet To be eligible for KPIF coverage, you must live in our California service area.

Who should not use this

- If you or any dependent you're applying for are entitled to Medicare Part A or are enrolled in Medicare Part B, that applicant is not eligible to apply for new KPIF coverage. Please visit kp.org/medicare to learn more about your Medicare plan options or to apply for Medicare coverage.
- Please note the Health Insurance Counseling and Advocacy Program (HICAP) provides health insurance counseling to California residents free of charge. Call HICAP at 1-800-434-0222 to learn more. See page 12 to find your local HICAP program information.
- If you qualify for and want federal or state financial assistance to help pay for copays, coinsurance, deductibles, or premiums, don't complete this application. You must apply for coverage through Covered California at CoveredCA.com.
- To make changes to your existing KPIF account, call 1-800-464-4000 (TTY 711).

Things to remember

- If you're applying during open enrollment, the date we receive your application may change your
 effective date it will usually be January 1 if you apply by December 31. Please send this application
 back as quickly as you can or you can apply faster online at buykp.org/apply.
- If you're applying during a special enrollment period, go to kp.org/specialenrollment or call 1-800-494-5314 (TTY 711) for instructions.
- Please answer all questions, and type or print using ink only. Leave an empty box in between words, and put a hyphen in the box for hyphenated names.
- Remember, enrolling in a new plan won't automatically cancel any other coverage you have. To avoic
 paying for 2 plans or having a gap in coverage, make sure to cancel any other coverage as of the day
 before your new coverage starts.
- To make sure your application is processed in time and isn't canceled, please return every page of the application, completed, with all the required signatures, first month's payment, and proof of your qualifying life event (if required). Send these materials by mail to:

Kaiser Permanente for Individuals and Familie P.O. Box 23127 San Diego, CA 92193-9921

Or send it by secure fax to: 1-866-816-5139

Note: Checks must be mailed and can't be faxed



- For help with completing this application, please call 1-800-494-5314 (TTY 711)
- We'll provide language assistance at no cost to you.
- If you're working with a broker, please call them for assistance

All plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., One Kaiser Plaza, Oakland, CA 94612.

1331752755 California 2025

Page 1 of 12

When you fill out your Application for Health Coverage, follow the instructions and examples below.



For help, call 1-800-464-4000 (TTY 711), 24 hours a day, 7 days a week (closed major holidays).

- The grayed-out sections don't apply to you.
- You don't need to include payment with your application.



Select one option: 🗹 Op	en enrollment (skip to Step 2)) A special enrollme	nt period (continue below)
	had more than one, review your options be it kp.org/specialenrollment or call 1-800 ow.		
Gaining or becoming a dependent placement for adoption or foster cc. Note: In this case, you also need to The date of birth, adoption, o The first day of the month aft. Losing a dependent through divor or legal separation Death of the subscriber or a depen Child support order or other court. Note: In this case, you also need to	through marriage or domestic partnership through the birth of a child, adoption, or re choose between 2 effective date options: placement for adoption or foster care re we receive the application e, dissolution of domestic partnership, dent or cover a dependent choose between 2 effective date options: order or other court order to cover er the court order date	Determination by Covered Califor circumstances Eligibility to purchase an individua an individual coverage health rein (ICHRA) or a qualified small emple arrangement (OSEHIKA) Domestic violence or spousal abothe household Discontinuation of employer con subsidization of COBRA premium Release from incarceration Misinformation about enrollmen essential coverage Provider network changes Demonstrating that a qualified p material provision of its contract Eligibility for app-based transpor	al health plan through hbursement arrangement yer health reimbursement andonment occurring within tribution or government is t in minimum lan substantially violated a in relation to the enrollee
Please write the date of your qualifying	ife event. / / /	company health care stipend (mm/dd/yyyy)	
Please write the date of your qualifying "If your qualifying life event is loss of Ka STEP 2: Choose		(mm/dd/yyyy) membershin records to check when and	f why you lost coverage.
Please write the date of your qualifying "If your qualifying life event is loss of Ka STEP 2: Choose Choose one health plan. If any family m	ife event. ////////////////////////////////////	(mm/dd/yyyy) membershin records to check when and and ans, please submit a separate applica's Gold Kaiser Permanente – Gold 80 HMO Coinsur Kaiser Permanente – Gold 80 HMO Kaiser Permanente – Gold 80 HMO Kaiser Permanente –	
Please write the date of your qualifying "If your qualifying life event is loss of Ka STEP 2: Choose Choose one health plan. If any family m Bronze Kaiser Permanente – Bronze 60 HDHP HMO Kaiser Permanente – Bronze 60 HMO Kaiser Permanente – Bronze 60 HMO 7500/0% PCP For applicants under 30 or with hard Minimum coverage plans are available shows hardship or lack of affordable co	ife event. E your health plar E your health plar E your health plar E who applying for different health pl. Silver Kaiser Permanente Silver 70 HM0 0ff Exchange Kaiser Permanente Silver 70 HM0 2850/50 PCP Kaiser Permanente Silver 70 HDHP HM0 3600/25% F Silver 70 HDHP HM0 3000/25% F Silver 90 Applicants who will be younger than 3000 erage. We won't be able to process your got ocveredCA.com/exemptions and for	(mm/dd/yyyy) membershin records to check when and another shin records to check when and another shin records to check when another shin rec	for each plan. Platinum Kaiser Permanente – Platinum 90 HMO
Please write the date of your qualifying "If your qualifying life event is loss of Ka STEP 2: Choose Choose one health plan. If any family m Bronze Kaiser Permanente – Bronze 60 HDHP HMO Kaiser Permanente – Bronze 60 HMO Kaiser Permanente – Bronze 60 HMO 7500/0% PCP For applicants under 30 or with hard Minimum coverage plans are available shows hardship or lack of affordable cor and older. To see if you qualify, please Kaiser Permanente – Minimum For information about health and denta materials. To request a copy of the Committee of the Co	ife event. E your health plar E your health plar E your health plar E who applying for different health pl. Silver Kaiser Permanente Silver 70 HM0 0ff Exchange Kaiser Permanente Silver 70 HM0 2850/50 PCP Kaiser Permanente Silver 70 HDHP HM0 3600/25% F Silver 70 HDHP HM0 3000/25% F Silver 90 Applicants who will be younger than 3000 erage. We won't be able to process your got ocveredCA.com/exemptions and for	(mm/dd/yyyy) membershin records to check when and and ans, please submit a separate application (application) ans, please submit a separate application (application) Kaiser Permanente – Gold 80 HMO Coinsur Kaiser Permanente – Gold 80 HMO O/30 PCP on the effective date, or who provide a crapplication without the certificate of collow the instructions.	for each plan. Platinum Kaiser Permanente – Platinum 90 HMO certific. of exemption in you are so



If you're applying outside of open enrollment, please see the Special Enrollment Period Guide or visit kp.org/chcspecialenrollment to learn more about the requirements.



Check the box for the **Platinum** plan: Kaiser Permanente – Platinum 90 HMO.

The grayed-out sections don't apply to you.

STEP 3: Choose your optional adult dental plan

Dental coverage is included in your health plan for child members until the end of the month in which the member turns 19. Kaiser Permanente offers an optional dental insurance plan to adults, which includes those individuals whose eligibility for pediatric dental services has ended. This optional coverage is available for an additional charge. Our optional adult dental coverage is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), and administered by Delta Dental of California, one of the nation's largest and most experienced dental benefits providers. Please refer to the Summary of Dental Benefits Coverage (SDBC) Disclosure Matrix for complete details of the KPIC dental plan by visiting kp.org/kpic-dental.

Please choose one option below.

Yes. I am requesting enrollment in the KPIC dental insurance plan that is available to me as a supplemental option to my health plan coverage.

Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the KPIC dental insurance plan. Once enrolled, I understand I can't cancel my dental coverage without also canceling my health plan coverage, except during open enrollment or a special enrollment period.

No. I'm not interested in optional dental coverage.

The Community Health Care Program doesn't include an adult dental plan option.



Prima	ry ap	plic	ant	th	ne pri	mary	dual p appli tion is	cant	t is t	he fa	amiĺ	y m	eml	oer o	on th	ie h	ealtl	h pla	an w	ho is	aut	hori	zed								
irst nam	е	_		_		_	_							_	_	_	_	М	ı		Da	e of	birt	h (n	ım/d	dd/y	ууу)			_	
ast nam	^	_	Ш	_	Ш	_	_	L	_	_	_	L	H	+	_	+	_	L	_		L	L	_/	L]/	Ш				
ast IIaiii	-	Т	П	Т	П	Т	T	Ť	T	Т	T	Ť	Ť	Ť	Ť	Ť	Ť	T	Т	Т	T	T	Г	Т	T	Т	Т	Т		П	
ormer n	edical red	ord n	ımber	(if any	1)				Stat	te (if	any)	-		Gen	der:						Soci	al S	ecur	ity n	um	ber (if an	ny)	_		
]-]				Mal			ema	le					ŀ[I]-					
Home ad	dress (no	P.O. b	oxes,	pleas	e)									П	Unc	ecla	red														
Ш			Ц																											Ш	
City				_		_	_						H	Ť	_	Ť	_	_	_	_	_										
State	ZIP co	de	Н		Coun	hv	_							_	_	_	_	_	_	_	P	hore	a (m	ohil	e nh	one	if av	ailal	hle)	ш	
ridle	ZIF CO	ue	П		Couli	ıy	Т							Г	Т	Г	Т	Т	Г	1	ľ	1011	(111)	-	e hii	ione	ii dV	-	uie)	T	Т
Mailing a	ddress	'n	Chec	k if sa	me as	hom	e add	rece	_		_																	-			
	1 1	Ť	3	501				. 555	Ť	T	T	Ť	Ť	Ť	Ť	Ť	Ť	T	T	Ť	T	Ī	T	Г	T	Ť	Ť	Ī		П	
City										-																-			_		
			П													I															
State	ZIP co	de	,	_																											
	. Ц		Ц	┙.																	.,										
reterred	languag	e spol	cen (if	not E	nglish	1)	÷	Ť	T	T	Ť	Ť			Pref	erre	d lar	igua	ge re	ead (i	it no	t Eng	glish)				_	_	+	
Email ad	dress		Н			_		_	_	_	_	_	1				_											_	_	_	_
	1 1	T	П	T	П	Т	Ť	T	T	T	T	T	Ť	Ť	T	Ť	T	T	T	T	T	Ī	Г	Г	Г	T	T	Ī			
s the pri	mary app	licant	purcl	hasino	this	plan	usina	a h	ealtl	h rei	imbi	urse	mei	nt ar	rano	jem	ent	HR.	A)?	È	Ye	s									
Jnder ar QSEHRA	iat type: i individu i), your ei ve to trad	ial cov	erage er wil	healt Lestal	th rein	mbur and fo	seme und a																								ın
Jsing an and Fam	employe ily plan.	er's HF	RA to h	nelp p	ay pre	emiui	ms an	ıd oı	ut-of	-poc	ket	exp	ens	es d	oes	not	char	nge	your	elig	ibili	ty fo	r a l	(aise	er Pe	erma	anen	ite Ir	ndivi	dual	
		er's HF	RA to h	nelp p	ay pre	emiui	ms an	ıd oı	ut-of	-poc	cket	exp	ens	es d	oes	not	char	nge	your	elig	ibili	ty fo	ra I	Kaise	er Pe	erma	anen	ite Ir	ndivi	dual	



Fill in information about the primary applicant. A Social Security number can be included here, but it's not required.

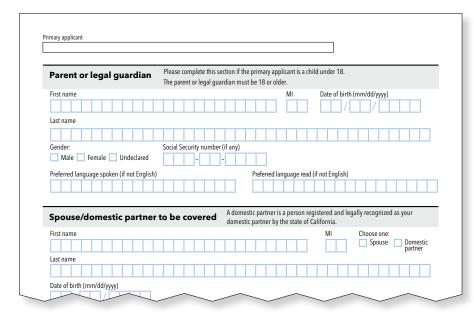
You don't need to provide a Social Security number. We're required to ask you for a Social Security number or tax identification number, but neither one is required.



If there are more family members to be covered, add their information on page 5 of the application.

If you're applying for more than 3 dependents, photocopy page 5, and submit it with this application.

Don't repeat the primary applicant's information.



				· uu		1200	ı re	ores	enta	tive	(if y	ou hav	e one)					
	can give a									ation w	vith u	s, see y	our info	mation, or act f	or you on	matters	related t	to this
	t name	ıy. IIIIS P	215011 15 (.aiieu ai	i autiii	onzeu i	epiese	iilalive.						MI				
1113	i name				П					П		П		IVII				
Last	t name													Phone (mo	oile phon	e if avail	able)	
					П		Т		П	П	Т	П			1-广丁	T -	ŤΠ	
									rized r	eprese	ntati	ve to g	et offic	al information	about th	is appli	cation,	
and	d to act for	you on	matters	related	to thi	is appli	cation							Data (mm/s	lal/common			
Х														Date (mm/c	iu/yyyy)	/ 🗆		
F	Primary app	olicant (p	arent or l	egal gu	ardian	for chil	dren u	nder 18)					/				
	EP 6												4					
			_							_				date below. If t				
an'	ning, please 't be entitle verify that r understand r intentiona	e attach a ed to Med no applic that Kaise Ily misrep	copy of licare Pa ant listed er Founda resented	this pag rt A or er d on this ation He l, then K	e with nrolled form alth Pla aiser Fe	the ad d in Me is entitl an, Inc., oundation	ditiona dicare ed to I will rel on Hea	Il signa Part B. Medicar y on the Ith Plan	e Part A	or enro	gible i olled i ovideo se to t	n Med d in this	icare Pa s applica	ion. If any inforn ge back to the co	depende	nt you'r ound to l fective d	e applyin oe fraudul ate.	ng for
· I v · I v · I f un th	ning, please t be entitle verify that r understand r intentiona I worked w nderstand ney assisted	e attach a ed to Med no applic that Kaise Illy misrep rith a bro that the b I me with	copy of licare Pa ant listed er Founda resented ker, I per oroker or this app	this pag rt A or er d on this ation He I, then K mit Kais Kaiser F blication	e with nrolled form alth Plaiser Fe er Per Perman	is entitl an, Inc., oundation rmanen nente re	ditional dicare ed to I will rel on Hea te to sl eprese	Il signat Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	t B.	nation is fo overage el on this ap om Kaiser	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
I th	ning, please t be entitle verify that r understand r intentiona I worked w nderstand ney assisted	e attach a ed to Med no applic that Kaise Illy misrep rith a bro that the b I me with	copy of licare Pa ant listed er Founda resented ker, I per oroker or this app	this pag rt A or er d on this ation He I, then K mit Kais Kaiser F blication	e with nrolled form alth Plaiser Fe er Per Perman	is entitl an, Inc., oundation rmanen nente re	ditional dicare ed to I will rel on Hea te to sl eprese	Il signat Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	t B. ion. If any inform ge back to the co rmation listed al payments fro	depende mation is fo overage ef on this ap m Kaiser ons from l	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
· I v · I v · I f un th	ning, please t be entitle verify that r understand r intentiona I worked w nderstand ney assisted	e attach a ed to Med no applic that Kaise Illy misrep rith a bro that the b I me with	copy of licare Pa ant listed er Founda resented ker, I per oroker or this app	this pag rt A or er d on this ation He I, then K mit Kais Kaiser F blication	e with nrolled form alth Plaiser Fe er Per Perman	is entitl an, Inc., oundation rmanen nente re	ditional dicare ed to I will rel on Hea te to sl eprese	Il signat Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	t B. ion. If any inform ge back to the co rmation listed of al payments fro	depende mation is fo overage ef on this ap m Kaiser ons from l	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
· Iv	ning, please t be entitle verify that r understand r intentiona I worked w nderstand ney assisted	e attach a ed to Med no applic that Kais Ily misrep ith a bro that the b I me with my ema	copy of licare Pa ant listed er Founda resented ker, I per oroker or this app il addres	this pag rt A or er I on this I on the I, then Ka mit Kais Kaiser F Olication	e with nrolled form alth Plaiser Fe eer Per Perman	the add in Me is entitl an, Inc., oundation manen nente re	ditiona dicare ed to I will rel on Hea te to sl eprese numbe	Il signar Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	t B. ion. If any inform ge back to the co rmation listed al payments fro	depende mation is fo overage ef on this ap m Kaiser ons from l	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
· I v · I v · I v · I f u i th · By	ning, pleass 't be entitle verify that r understand r intentiona I worked w nderstand ney assisted y providing	e attach a ed to Med no applic that Kais Ily misrep ith a bro that the b I me with my ema	copy of licare Pa ant listed er Founda resented ker, I per oroker or this app il addres	this pag rt A or er I on this I on the I, then Ka mit Kais Kaiser F Olication	e with nrolled form alth Plaiser Fe eer Per Perman	the add in Me is entitl an, Inc., oundation manen nente re	ditiona dicare ed to I will rel on Hea te to sl eprese numbe	Il signar Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	t B. ion. If any inform ge back to the co rmation listed al payments fro	depende mation is foverage el on this ap m Kaiser ons from I Id/yyyy)	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
can' Ith or By	ning, pleass 't be entitle verify that r understand r intentiona I worked w nderstand i ney assistec y providing	e attach a ed to Med no applic that Kais Illy misrep ith a bro that the b I me with I my ema	copy of licare Pa ant listed er Founda resented ker, I per oroker or this app il addres arent or l	this pag rt A or er I on this I on the I, then Ka mit Kais Kaiser F blication is and m	e with nrolled form alth Plaiser Fe eer Per Perman	the add in Me is entitl an, Inc., oundation manen nente re	ditiona dicare ed to I will rel on Hea te to sl eprese numbe	Il signar Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	t B. ion. If any inform ge back to the co rmation listed al payments fro t communication Date (mm/c	depende mation is foverage el on this ap m Kaiser ons from I Id/yyyy)	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
· I v · I v · I v · I f ui th · By	ning, pleass 't be entitle verify that r understand r intentiona I worked w nderstand ney assisted y providing	e attach a ed to Med no applic that Kais Illy misrep ith a bro that the b I me with I my ema	copy of licare Pa ant listed er Founda resented ker, I per oroker or this app il addres arent or l	this pag rt A or er I on this I on the I, then Ka mit Kais Kaiser F blication is and m	e with nrolled form alth Plaiser Fe eer Per Perman	the add in Me is entitl an, Inc., oundation manen nente re	ditiona dicare ed to I will rel on Hea te to sl eprese numbe	Il signar Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	t B. ion. If any inform ge back to the co rmation listed al payments fro t communication Date (mm/c	dependention is from this apm Kaiser ons from I	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
can' Ith or By	ning, pleass 't be entitle verify that r understand r intentiona I worked w nderstand i ney assistec y providing	e attach a ed to Med no applic that Kais Illy misrep ith a bro that the b I me with I my ema	copy of licare Pa ant listed er Founda resented ker, I per oroker or this app il addres arent or l	this pag rt A or er I on this I on the I, then Ka mit Kais Kaiser F blication is and m	e with nrolled form alth Plaiser Fe eer Per Perman	the add in Me is entitl an, Inc., oundation manen nente re	ditiona dicare ed to I will rel on Hea te to sl eprese numbe	Il signar Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	e, you and any t B. io. If any inform ge back to the co rmation listed al al payments fro t communicatio Date (mm/c	dependention is from this apm Kaiser ons from I	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
· Iv	ning, pleass 't be entitle verify that r understand r intentiona I worked w nderstand i ney assistec y providing	e attach a ed to Med no applic that Kaiss Illy misrep vith a bro that the b I me with my ema	copy of licare Pa ant listed er Founda resented ker, I per oroker or i this app il addres arent or l	this pag rt A or er I on this I on the I, then Ka mit Kais Kaiser F blication is and m	e with nrolled form alth Plaiser Fe eer Per Perman	the add in Me is entitl an, Inc., oundation manen nente re	ditiona dicare ed to I will rel on Hea te to sl eprese numbe	Il signar Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	te, you and any te. B. In Many inform ge back to the communication to communication Date (mm/r Date (mm/r Date (mm/r	nation is for overage elements from Idd/yyyy)	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
· Iv	ning, pleass 't be entitle verify that r understand r intentiona I worked w nderstand it ey assisted y providing	e attach a ed to Med no applic that Kaiss Illy misrep vith a bro that the b I me with my ema	copy of licare Pa ant listed er Founda resented ker, I per oroker or i this app il addres arent or l	this pag rt A or er I on this I on the I, then Ka mit Kais Kaiser F blication is and m	e with nrolled form alth Plaiser Fe eer Per Perman	the add in Me is entitl an, Inc., oundation manen nente re	ditiona dicare ed to I will rel on Hea te to sl eprese numbe	Il signar Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	e, you and any t B. io. If any inform ge back to the co rmation listed al al payments fro t communicatio Date (mm/c	nation is for overage elements from Idd/yyyy)	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
· I v · I v · I v · I t · I v · I f · I v · I f · I f · I f · I v	ning, please 't be entitle verify that r understand r intentiona I worked w nderstand t ney assistec y providing Primary app	e attach a e attach a to Applic that Kaiss that Kaiss that Kaiss that Kaiss that the te me with my ema	copy of licare Pa ant listed er Founda resented ker, I per oroker or i this app il addres arent or l	this pag rt A or er I on this I on the I, then Ka mit Kais Kaiser F blication is and m	e with nrolled form alth Plaiser Fe eer Per Perman	the add in Me is entitl an, Inc., oundation manen nente re	ditiona dicare ed to I will rel on Hea te to sl eprese numbe	Il signar Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	te, you and any te. B. In Many inform ge back to the communication to communication Date (mm/r Date (mm/r Date (mm/r	nation is for overage elements from Idd/yyyy)	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
· I v · I v · I th · I th · By X F X	ning, pleass 't be entitle verify that r understand r intentiona I worked w nderstand it ey assisted y providing	e attach a e attach a to Applic that Kaiss that Kaiss that Kaiss that Kaiss that the te me with my ema	copy of licare Pa ant listed er Founda resented ker, I per oroker or i this app il addres arent or l	this pag rt A or er I on this I on the I, then Ka mit Kais Kaiser F blication is and m	e with nrolled form alth Plaiser Fe eer Per Perman	the add in Me is entitl an, Inc., oundation manen nente re	ditiona dicare ed to I will rel on Hea te to sl eprese numbe	Il signar Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	te, you and any te. B. In Many inform ge back to the communication to communication Date (mm/r Date (mm/r Date (mm/r	depende de depende depende depende depende depende depende depende	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
· I v or	ning, please 't be entitle verify that r understand r intentiona I worked w nderstand i nderstand i private y providing Primary app Parent/step Parent/step	e attach a do to Mecono applico that Kaissally with a brook and the latest the latest and the latest and the latest and the latest and latest a	copy of dicare Pa ant listed Pa and P	this pag rt A or er I on this I on the I, then Ka mit Kais Kaiser F blication is and m	e with nrolled form alth Plaiser Fe eer Per Perman	the add in Me is entitl an, Inc., oundation manen nente re	ditiona dicare ed to I will rel on Hea te to sl eprese numbe	Il signar Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	te, you and any te B. ion. If any inform ge back to the commation listed all payments fro t communication Date (mm/c) Date (mm/c) Date (mm/c) Date (mm/c)	depende de depende depende depende depende depende depende depende	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
· I v or	ning, please 't be entitle verify that r understand r intentiona I worked w nderstand t ney assistec y providing Primary app	e attach a do to Mecono applico that Kaissally with a brook and the latest the latest and the latest and the latest and the latest and latest a	copy of dicare Pa ant listed Pa and P	this pag rt A or er I on this I on the I, then Ka mit Kais Kaiser F blication is and m	e with nrolled form alth Plaiser Fe eer Per Perman	the add in Me is entitl an, Inc., oundation manen nente re	ditiona dicare ed to I will rel on Hea te to sl eprese numbe	Il signar Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	ie, you and any It B. Ion. If any inform ge back to the commation listed of all payments fro Learn to the communication Date (mm/c) Date (mm/c) Date (mm/c) Date (mm/c) Date (mm/c)	depended dep	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause
X X X X X	ning, please 't be entitle verify that r understand r intentiona I worked w nderstand i nderstand i private y providing Primary app Parent/step Parent/step	e attach a do to Mecono applico that Kaissally with a brook and the latest the latest and the latest and the latest and the latest and latest a	copy of dicare Pa ant listed Pa and P	this pag rt A or er I on this I on the I, then Ka mit Kais Kaiser F blication is and m	e with nrolled form alth Plaiser Fe eer Per Perman	the add in Me is entitl an, Inc., oundation manen nente re	ditiona dicare ed to I will rel on Hea te to sl eprese numbe	Il signar Part B. Medicar y on the Ith Plan nare the ntative	e Part A informa Inc., ma enrollr may get	or enro ation pro ay choos nent an financi	olled i ovideo se to t ad dis ial an	n Med d in this ermina enrollri d/or no	F covera icare Pa s applica ite cover ment infonfinan	te, you and any te B. ion. If any inform ge back to the commation listed all payments fro t communication Date (mm/c) Date (mm/c) Date (mm/c) Date (mm/c)	depended dep	nt you'r ound to l fective d plication Perman	e applyin oe fraudul ate. n with the ente beca	ler ng for llent em. I ause



Sign if you'd like to appoint an authorized representative like a trusted friend or an enrollment assister.



Sign and date the application agreement.

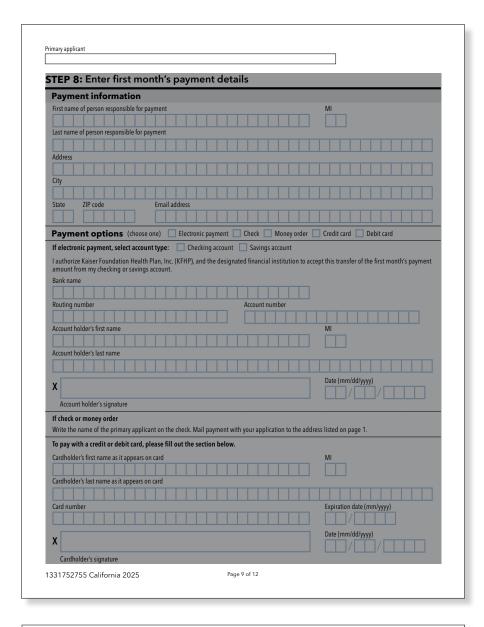
monthly premiums, and you'll have low or no costs for most covered services at Kaiser Permanente facilities when you're a CHCP member.

and any other claims that cannot associated parties on the one ha associated parties on the other	nall Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, of the subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other and and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for	
rendered), for premises liability by binding arbitration under Ca arbitration proceedings. I agree	(a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently , or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided lifornia law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration mbined Membership Agreement, Evidence of Coverage, and Disclosure Form.	
х	Date (mm/dd/yyyy)	Sig
Primary applicant (parent or	legal guardian for children under 18)	ar
Primary applicant (parent or X Spouse/domestic partner	legal guardian for children under 18) Date (mm/dd/yyyy)	ar
х		ć



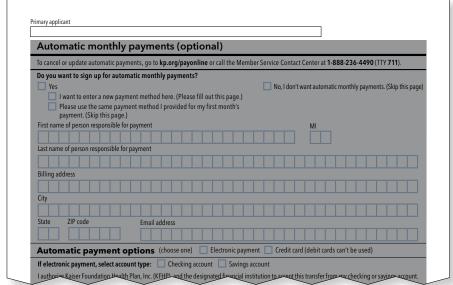
Sign and date the arbitration agreement.





You don't need to complete any steps after Step 7 in the KPIF application.

You don't need to include payment with your application.



	Primary applicant				
	STEP 7: Sign the	Kaiser Foundation	Health Plan, Inc	c., arbitration	agreement
	and any other claims that ca associated parties on the on associated parties on the oth medical or hospital malpraci	r Small Claims Court cases, claims s nnot be subject to binding arbitrati e hand and Kaiser Foundation Heal ter hand, for alleged violation of an tice (a claim that medical services w	on under governing law) any th Plan, Inc. (KFHP), any cont y duty arising out of or relate ere unnecessary or unauthor	dispute between myself, racted health care provide d to membership in KFHI ized or were improperly,	my heirs, relatives, or othe ers, administrators, or othe P, including any claim for negligently, or incompeter
	rendered), for premises liab	ility, or relating to the coverage for,	or delivery of, services or iten	ns, irrespective of legal tr	neory, must be decided
Primary a	applicant				
	P 5: Choose an auth	•	•		alas da abl
appli	an give a trusted friend or relative per ication only. This person is called an au				ters related to this
First	name			MI	
Last r	name			Phone (mobile phone if a	vailable)
Primary applicant					
Parent or leg		lete this section if the primary applic r legal guardian must be 18 or older			T -
First name	ine parent of		MI Date of birth (mi	m/dd/yyyy)	ld
Last name					e e
					for
Primary applicant					
типату аррисанс					
STEP 4: Enter your	information				se
	In an individual plan, the primary app the primary applicant is the family me				
	this application is only for a child und				c
First name		MI Da	te of birth (mm/dd/yyyy)		
rimary applicant				П	
				_	
	ment period				
STEP 1: Choose your enroll	to Step 2) A special enrollme	nt period (continue below)		-	an an
STEP 1: Choose your enroll ielect one option: Open enrollment (skip t Open enrollment (skip t)	to Step 2) A special enrollme	e effective dates vary by event. Proc	of of eligibility is also alifying life events or if you	-	an
STEP 1: Choose your enroll ielect one option: Open enrollment (skip t Open enrollment (skip t)	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494-	e effective dates vary by event. Proc 5314 (TTY 711) for more about qua	alifying life events or if you	-	an .
STEP 1: Choose your enroll elect one opion: Open enrollment (skip t hoose your qualifying life event. If you had more equited within 10 elendar days. Visit ke porgle on out see your qualifying life event below. Loss of minimum essential health coverage (w had coverage)*	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494- write the last full day you	e effective dates vary by event. Proc 5314 (TTY 711) for more about qui Determination by Covered Californi circumstances	alifying life events or if you	- - -	<u>an</u>
STEP 1: Choose your enroll elect one option: Open enrollment (skip t hoose your qualifying life event. If you had more quired within 10 cleaned days. Visit hoops; on ont see your qualifying life event below. To so of minimum essential health coverage (a had coverage) Gaining or becoming a dependent through in Gaining or becoming a dependent through in	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you arriage or domestic partnership	e effective dates vary by event. Proc 5314 (TTY 711) for more about qui- Determination by Covered Californ circumstances Eligibility to purchase an individual an individual coverage health reimil (CHRA) or a qualified small employ	alifying life events or if you ia of exceptional I health plan through oursement arrangement	- - - - -	3n
elect one option: Open enrollment (skip those your callfying life event. If you had more quited within 10 cleaned days, Visit, loops; on ot see your qualifying life event below. Uses of minimum essential health coverage (a had coverage) and coverage (b and coverage) and coverage (b and coverage) and coverage (b and coverage) and coverag	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494-write the last full day you arriage or domestic partnership be birth of a child, adoption, or tween 2 effective date options:	e effective dates vary by event. Proc 5314 (TTY 711) for more about qui Determination by Covered Californ circumstances Eligibility to purchase an individual an individual coverage health reimit (ICHRA) or a qualified small employ arrangement (OSEHRA) Domestic violence or spousal abar	alifying life events or if you ia of exceptional I health plan through oursement arrangement er health reimbursement) on]
STEP 1: Choose your enroll elect one option:	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you narriage or domestic partnership he birth of a child, adoption, or tween 2 effective date options: t for adoption or foster care we the application	e effective dates vary by event. Proc 5314 (117 Y11) for more about qui- betermination by Covered Californ circumstances. Eligibility to purchase an individual an individual coverage health reimf (C(FRQ) or a qualified small employ arrangement (DSEHRQ) Domestic violence or spousal abar the household Discontinuation of employer contr	alifying life events or if you as of exceptional health plan through ursement arrangement er health reimbursement odonment occurring within iibution or government]
STEP 1: Choose your enroll elect one option:	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-300-494-write the last full day you marriage or domestic partnership be birth of a child, adoption, or tween 2 effective date options: to doption or foster care we the application ion of domestic partnership.	e effective dates vary by event. Proc 25314 (117 '71) for more about qui- 35314 (117 '71) for more about qui- circumstances. Eligibility to purchase an individual consequence health enimi (ICHBA) or aqualified small employ arrangement (ISEHBA). Domestic violence or spousal abort the household Discontinuation of coBRA premiums subsidization of COBRA premiums	alifying life events or if you as of exceptional health plan through bursement arrangement er health reimbursement adonment occurring within ibution or government	- - - - - - - - - - - - -]
elect one option:	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you parriage or domestic partnership be birth of a child, adoption, or tween 2 effective date options: to adoption or loster care we the application ion of domestic partnership, ver a dependent	e effective dates vary by event. Proc 5314 (TTY 711) for more about qu. Determination by Covered Californ circumstances Eligibility to purchase an individual an individual coverage health reimt (CHRA) or a quiffled small employ arrangement (DSEHRA) Domestic violence or spousal abar the household Discontinuation of employer contr subsidization of COBRA premiums	alifying life events or if you as of exceptional health plan through bursement arrangement er health reimbursement adonment occurring within ibution or government]
elect one option:	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you parriage or domestic partnership be beith of a child, adoption, or tween 2 effective date options: to for adoption or foster care we the application ion of domestic partnership, wer a dependent	e effective dates vary by event. Proc 5314 (117 '71) for more about qui Determination by Covered Californ circumstances Eligibility to purchase an individual an individual coverage health and individual arrangement (IGEHRA). Demostic violence or spousal abar the household Discontinuation of employer contra subsidization of COBRA premiums Release from in carceration Misinformation about enrollment escential coverage	alifying life events or if you la of exceptional health plan through bursement arrangement or health reimbursement without the comment occurring within libution or government in minimum		9 9 1 1 1 1
elect one option: Open enrollment (skip to choose your qualifying ille event. If you had more equired within 10 calendar days. York p.orgy. Too not see your qualifying life event below. Loss of minimum essential health overage (w had coverage)* Gaining or becoming a dependent through the had coverage)* Gaining or becoming a dependent through the placement for adoption or foster care. The state of the had coverage with the day of the month after we receive the best of the day of the month after we receive to claim a dependent through dhore, dissolutor or gain separation. Death of the subscriber or a dependent Child support order or other court order to convert the country of the convertigation	to Step 2) A special enrollme than one, review your options becaus pecialemoliment or call 1-800-494. write the last full day you harriage or domestic partnership be birth of a child, adoption, or there a deplication ion of domestic partnership, were a dependent here or a dependent here court order to cover	e effective dates vary by event. Proc \$3314 (117 71) for more about qui Determination by Covered Californ circumstances Eligibility to purchase an individual (CRIA) on a qualified small employ amangement (QESHA). Demestic violence or spousal abar the household Discontinuation of employer cont subsidization of COBRA premisms Release from incurrectation Miscinformation about enrollment sevential (overage) Provider network changes Demonstrating that a qualified pla material provision of its contact in	alfying life events or if you a of exceptional health plan through usement arrangement re health einbussement donnment occurring within libution or government in minimum m substantially violated a relation to the enrollee		
elect one option: Open enrollment (skip those your enroll we declared to the option of option option of option option of option opt	to Step 2) A special enrollme than one, review your options becaus pecialemoliment or call 1-800-494. write the last full day you harriage or domestic partnership be birth of a child, adoption, or there a deplication ion of domestic partnership, were a dependent here or a dependent here court order to cover	e effective dates vary by event. Proc 25314 (117 '11) for more about que continued to the continued of the continued to the Elipibility to purchase an individual coverage health reimit (ICHBA) or a qualified small employ arrangement (CSEM). Do a qualified small employ arrangement (CSEM) or a qualified small employ arrangement (CSEM). Do mestic violence or spousal abar the household Discontinuation of employer conti- bility of the continued to the continued to subsidiazion of CoRBA permiums Release from incarceration Misriformation about enrollment essential (overage). Provider network changes Provider network changes Demonstrating that qualified pla material provision of its contact or company health care stipend	alfying life events or if you a of exceptional health plan through usement arrangement re health einbussement donnment occurring within libution or government in minimum m substantially violated a relation to the enrollee]
elect one option: Open enrollment (skip to choose your qualifying life event. If you had more equired within 10 calendar days. York p.org/s. Loss of minimum essential health overage (w had coverage)* Gaining or becoming a dependent through the had coverage)* Gaining or becoming a dependent through the placement for adoption or foster care. Note: In this case, you also need to choose bet in he date of birth, adoption, or placemen Im he lists day of the month after we received to choose between the control of	to Step 2) A special enrollme than one, review your options becaus pecialemoliment or call 1-800-494. write the last full day you parriage or domestic partnership be birth of a child, adoption, or tween 2 effective date options: tf or adoption or foster care we the application ion of domestic partnership, were ad ependent where 2 effective date options: the court order to cover to rider date to court order to cover	e effective dates vary by event. Proc 25314 (117 '11) for more about que increase and the control of the control of the Eligibility to purchase an individual control of the control of the control of the (ICHRA) or a qualified small employ arrangement (OSEA). Do a qualified small employ arrangement (OSEA). Do a could be control subsidiation of COBRA premiuma subsidiation of COBRA premiuma (Release from increated on Misriformation about enrollment essential coverage). Provider network changes Perouder network changes Demonstrating that a qualified pla material provision of its contract in (Eligibility for app based transport company health care stiperid	allying life events or if you as of exceptional thealth plan through usement arrangement or health einhusement donment occurring within ibution or government in minimum in substantially violated a velation to the enrollee tion or delivery network	-	
elect one option: Open enrollment (skip thoses your qualifying life event. If you had more equired within 10 calendar days. Visit kp.orglis on tox see your qualifying life event below. It is not see your qualifying life event below. It is not see your qualifying life event below. It is not see your qualifying life event below. It is not see your qualifying life event below. It is not seen you had overage! (which was the seen and those you had overage!) Gaining or becoming a dependent through the placement for adoption or loster care. More: In hit sax, you also need to choose better the life of the list day of the month after we received to stang a dependent through divorce, dissolution gain you had yo	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you parriage or domestic partnership be beith of a child, adoption, or tween 2 effective date options: tit for adoption or foster care we the application ion of domestic partnership, wera dependent between 2 effective date options: ther court order to cover to der date to defective date options: ther court order to cover	e effective dates vary by event. Proc 25314 (117 '11) for more about que increase and the control of the control of the Eligibility to purchase an individual control of the control of the control of the (ICHRA) or a qualified small employ arrangement (OSEA). Do a qualified small employ arrangement (OSEA). Do a could be control subsidiation of COBRA premiuma subsidiation of COBRA premiuma (Release from increated on Misriformation about enrollment essential coverage). Provider network changes Perouder network changes Demonstrating that a qualified pla material provision of its contract in (Eligibility for app based transport company health care stiperid	allying life events or if you as of exceptional the lift plan through usement arrangement or health einhusement donment occurring within libution or government lin minimum in substantially violated a velation to the enrollee tion or delivery network		3an -
elect one option: Open enrollment (skip to choose your qualifying life event. If you had more equired within 10 calendar days. Yor its, porsign. Loss of minimum essential health overage (we had overage) (was to come to co	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you harriage or domestic partnership be birth of a child, adoption, or tween 2 effective date options: ti for adoption or foster care we the application ion of domestic partnership, were a dependent where 2 effective date options: the court order to cover to rider to cover to order date to the court order to cover to defend the court order to cover to rider date options: the court order to cover to rider date to see the coverage, we may review meminipulant	e effective dates vary by event. Proc 25314 (117 '11) for more about que increase and the control of the control of the Eligibility to purchase an individual control of the control of the control of the (ICHRA) or a qualified small employ ananogement (OSEA). Do a qualified small employ ananogement (OSEA). Do a could be control subsidiation of COBRA premiuma subsidiation of COBRA premiuma (Release from increated on Misriformation about enrollment essential coverage). Provider network changes Perouder network changes Perouder network changes Demonstrating that a qualified pla material provision of its contract in (Eligibility for app based transport company health cure stipend (mindd/yyyy) bership records to check when and	alfying life events or if you as of exceptional the lift plan through usement arrangement to health einhusement donment occurring within libution or government in minimum an substantially violated a relation to the enrollee toon or delivery network.		
elect one option: Open enrollment (skip those your enroll elect one option: Open enrollment (skip those your qualifying life event. If you had more getured within 10 elected days. Visit op. of you had not expected within 10 elected days. Visit op. of you had not you had not you had not you had not you had overage! Visit of you had overage (which you had you had overage) had you	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you parriage or domestic partnership be thirth of a child, adoption, or tween 2 effective date options: to for adoption or foster care we the application is not domestic partnership, were a dependent tween 2 effective date options: the road of domestic partnership, controlled to the controlled to th	e effective dates vary by event. Proc \$314 (117 '11) is m more about que Determination by Covered Califora (incumstances Eligibility to purchase an individual coverage health reimit (CHR4) or a qualified small employ arrangement (CSER) or a qualified small employ arrangement (CSER) or a qualified small employ arrangement (CSER) promissors and Discontinuation of employer conti- bic soft in the continuation of employer conti- stic soft in the continuation of the continuation of the excellent continuation of the continuatio	alifying life events or if you la of exceptional health plan through usement arrangement health plan through usement arrangement health einhusement donment occurring within thution or government in minimum in substantially violated a relation to the enrollee tation or delivery network why you tost coverage. If or each plan. Platinum		
elect one option: Open enrollment (skip thoses your enroll elect one option: Open enrollment (skip thoses your qualifying life event. If you had more guilted within 10 elected days. Visit op original or the service of the service o	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you parriage or domestic partnership be thirth of a child, adoption, or tween 2 effective date options: to for adoption or foster care we the application in of domestic partnership, were a dependent tween 2 effective date options: to for adoption or foster care to the application in of domestic partnership, correct order to cover to reder date to order date to order date plan a papplying for different health plans, p applying for different health plans, p applying for different health plans, p	e effective dates vary by event. Proc \$314 (117 '11) is m more about que Determination by Covered Califor icrounstances Eligibility to purchase an individual coverage health reimit (CHBA) or a qualified small employ arrangement (OSEM). Demostris (violence or spousal abar the household Discontinuation of employer conti- be to the control of the control of the control Missinformation about enrollment excential Coverage Provider network changes Provider network changes Demostrating that aqualified pla material provision of its contact or (missinformation about enrollment excential Coverage) (mmiddiyyyy) beetship records to check when and blexes submit a separate application Gold Kaiser Permanente— Gold 80 HMC Coinsurance Gold HMC Coinsurance	alfying life events or if you a of exceptional 'health plan through usement arrangement re health einbursement donnent occurring within libution or government in minimum in substantially violated a relation to the enrollee tion or delivery network why you lost coverage.		
STEP 1: Choose your enroll select one option:	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you narriage or domestic partnership be birth of a child, adoption, or tween 2 effective date options: tfor adoption or foster care tween 2 effective date options: tfor adoption or foster care weth eapplication ion of domestic partnership, were ad ependent tween 2 effective date options: her could roider to Gover to defend to over the could roider to Gover to order date special review of the count order to over the pollation applying for different health plans, p applying for different health plans, p asser Permanente	e effective dates vary by event. Proc \$3314 (TIY 71) for more about que Determination by Covered Califor icrounstances Eligibility to purchase an individual coverage health reimit (CHBA) or a qualified small employ arrangement (OSEM) or a qualified small employ arrangement (OSEM) pomestic violence or spousal abar the household Discontinuation of employer conti- be to the continuation of employer conti- subsidization of COBBA premiums Release from incarceration Missinformation about enrollment essential coverage Provider network changes Provider network changes Provider network changes (mmiddiyyyy) beetship records to check when and blease submit a separate application Gold Kaiser Permanente – Gold 80 HMO Coinsurance Kaiser Permanente – Gold 80 HMO Gold Gold Gold Gold Gold Gold Gold Gold	alfying life events or if you a of exceptional 'health plan through usement arrangement re health reinbusement donnent occurring within libution or government in minimum in substantially violated a relation to the enrollee tion or delivery network why you lost coverage. 'for each plan. Plat Man.		
STEP 1: Choose your enroll Select one option:	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you parriage or domestic partnership petitor of a child, adoption, or tween 2 effective date options: to for adoption or foster care we the application ion of domestic partnership, were a dependent tween 2 effective date options: to for adoption or foster care to the application ion of domestic partnership, correct or or of the correct to deep the correct to	e effective dates vary by event. Proc 3314 (117 '71) for more about que Determination by Covered Californ circumstances Eligibility to purchase an individual coverage health enim (IC180A) or a qualified small employ ananogement (OSEA). Domestic violence or spousal abar the household Discontinuation of coBRA premiums subsidization of COBRA premiums Release from incarcaration Misinformation about enrollment essential coverage Provider network changes Demonstrating bath a qualified pla material provision of its contract ir Eligibility for app based transport Company health care stipend (mmidd/yyyy) bership records to check when and: **Desse submit a separate application** Gold **California Company** **Release Fermanente— Gold 80 HMO Coinsuance Gold & Kaiser Permanente— Gold 80 HMO Coinsuance	alfying life events or if you a of exceptional 'health plan through usement arrangement re health reinbusement donnent occurring within libution or government in minimum in substantially violated a relation to the enrollee tion or delivery network why you lost coverage. 'for each plan. Plat Man.		
STEP 1: Choose your enroll Select one option:	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you harriage or domestic partnership he beith of a child, adoption, or tween 2 effective date options: to radoption or foster care we the application ion of domestic partnership, her court order to cover to read option or foster care we the application ion of domestic partnership, her court order to cover to redeate to redeate to redeate so better the cover of the cover to defend the cover of the cover to redeate so better the coverage, we may review memi n plan applying for different health plans, p aster Permanente lever 70 HMO Off Exchange alser Permanente lever 70 HMO Off Exchange alser Permanente lever 70 HMO 2850/50 PCP aster Permanente lever 70 HMO 2850/50 PCP aster Permanente lever 70 HMO 2850/50 PCP aster Permanente lever 70 HMO 1850/50 PCP aster Permanente lever 70	e effective dates vary by event. Proc 3314 (117 71) for more about que Determination by Covered Califor icrumstances Eligibility to purchase an individual coverage health reinit (ICHBA) or a qualified small employ arrangement (OSEH). Domestic violence or spousal abar- arrangement (OSEH). Domestic violence or spousal abar- be household Discontinuation of employer cont subsidization of COBRA premiums Release from incarceration Ministromation about renollment essential coverage Provider network changes Demonstrating that a qualified pla material provision of its contact or	alfying life events or if you a of exceptional 'health plan through usement arrangement re health reinbusement donment occurring within libution or government in minimum in substantially violated a relation to the enrollee toon or delivery network why you lost coverage. 'for each plan. Plat Masier Permanente		
STEP 1: Choose your enroll Select one option:	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you perial pecialenrollment or call 1-800-494 write the last full day you parriage or domestic partnership be the brith of a child, adoption, or tween 2 effective date options: tfor adoption or foster care be the application ion of domestic partnership, were a dependent tween 2 effective date options: tfor adoption or foster care be the application ion of domestic partnership, were a dependent tween 2 effective date options: her could roider to over to order date so be a polytomic or over to order date so be a polytomic order to over to order date so be to order date to order date so defente order date to order date so defente order date to order date so defente order date to order date to order date so defente order date to order date so defente order date to order d	e effective dates vary by event. Proc \$3314 (117 71) is or more about que Determination by Covered Califor circumstances Eligibility to purchase an individual and consumer and individual covered health entire (ICHBA) or a qualified small employ arrangement (CSER) or a qualified pla Discontinuation of employer conti- biological provision of the properties of the control Misriformation about enrollment essential (overage) Provider network changes Provider network changes Provider network changes Demonstrating that qualified pla material provision of its contact or (mmiddlyyyyy) bezhilip records to check when and or leases submit a separate application Gold Kaiser Permanente— Gold 80 HMO (Ginsurance Kaiser Permanente— Gold 80 HMO (Ginsurance Gol	alfying life events or if you a of exceptional 'health plan through usement arrangement re health reinbusement donment occurring within libution or government in minimum in substantially violated a relation to the enrollee toon or delivery network why you lost coverage. 'for each plan. Plat Masier Permanente		
STEP 1: Choose your enroll Select one option:	to Step 2) A special enrollme than one, review your options becaus pecialenrollment or call 1-800-494 write the last full day you harriage or domestic partnership he beith of a child, adoption, or tween 2 effective date options: t for adoption or foster care we the application ion of domestic partnership, here a dependent here out of domestic partnership, here and dependent here out order to cover to defective date options: t for adoption or foster care here a defective date options: her court order to cover to defective date options: her court order to cover to order date so applying for different health plans, p applying for different health plans, p asiser Permanente here 70 HMO Off Exchange alser Permanente here 70 HMO Off Exchange alser Permanente here 70 HMO Off Exchange alser Permanente here 70 HMO Off Socky50 PCP ptions ts who will be younger than 30 on th won't be able to process your appl predCA.com/exemptions and follow tMO	e effective dates vary by event. Proc 3314 (117 '171) ior more about que Determination by Covered Californ (icrumstances Eligibility to purchase an individual Covered pealth enim (ICHRA) or a qualified small employ annagement (OSEA) Domestic violence or spousal abar the household Discontinuation of employer control subsidiazion of COBRA premisma Release from incarceration Misriformation about enrollment essential coverage Provider network changes Demonstrating that a qualified pla material provision of its contract is Eligibility for app based transport Company health care stipered (mmiddlyyyy) bership records to check when and: Cold	alifying life events or if you as of exceptional 'health plan through ussement arrangement ethe alth einhusement donnent occurring within libution or government donnent occurring within libution or government in minimum In substantially violated a relation to the enrollee toton or delivery network with the enrollee toton or delivery network or		

Send your documents in one of these ways:



Email CHC-Applications@kp.org



Mail

Attn: CHC P.O. Box 23127 San Diego, CA 92193-3127



Fax 1-855-355-5334

We're here to help

If you have any questions, please call Member Services at **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week (closed major holidays).

Notes	

