

APPLICATION FOR HEALTH COVERAGE—KAISER PERMANENTE INDIVIDUAL and FAMILY PLANS (KPIF) Maryland:

STEP 1: Select the box for “no” for the Medicare question

STEP 2: Select option A “Open Enrollment”

STEP 3: Select the box “KP MD Gold 0/20/Dental”

STEP 4 Select the box “No. I’m not interested in the optional dental coverage”

STEP 5: This should be filled out with the Subscriber’s information and all dependents that will be on the program

STEP 6: This section is optional—doesn’t need to be filled out

STEP 7: The application needs to be signed by all that are 18yrs of age and older

STEP 8: This section doesn’t need to be filled out because the premium is subsidized so we will not be taking a payment

KAISER PERMANENTE SUBSIDY ELIGIBILITY FORM – 2019

SECTION 1: This section should not be filled out

SECTIONS 2 and 3: This should be filled out with the Subscriber’s information and all dependents that will be on the program

SECTION 4: Household income should be filled out even if there isn’t any household income

SECTION 5: This section should be signed by the Subscriber. The section designating an authorized representative is not required.