

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

VIRGINIA:

STEP 1: Select option “No” for Medicare Part A/B eligibility

STEP 2: Select option “A. Open Enrollment”

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

STEP 4: Adult Dental Plan – select “No.”

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—Agent/Broker/KPIF Representative section doesn’t need to be filled out

KAISER PERMANENTE SUBSIDY ELIGIBILITY FORM – 2019

MARYLAND & VIRGINIA

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. It is acceptable to put \$0

SECTION 5: This section should be signed by the Subscriber. The “Authorized Representative” section does not have to be completed