KAISER PERMANENTE®

Enrollment Application

Hawaii State and County Part-Time and Temporary Employee Plan, #7-703-D7

Mail completed enrollment application to: Kaiser Permanente Membership Administration, P.O. Box 23127, San Diego, CA 92193-3127 or fax to 855-355-5334 **AND mail a copy of completed enrollment application and first month's payment to:** Kaiser Foundation Health Plan, Inc., P.O. Box 7158, Pasadena, CA 91109-7158.

Use a ballpoint pen, press firmly, and print legibly.

❑ New application for membership

Date of hire: _____

❑ Addition of dependents
Include dependents under 26 only (spouses are ineligible).

I am applying for the following Hawaii State and County Part-time and Temporary Employee Plan through Kaiser Permanente for myself and eligible dependents (if applicable):

Member ID no.	Last name First name	MI	Former name(s)	M/F	Birth date MM/DD/YY	Social Security Number
	Employee:					
	Dependent: (spouses are ineligible)					
	Dependent:					

I apply for health plan membership for the person(s) listed and agree that we shall abide by the Group Medical and Hospital Service Agreement, benefit schedule, rider, and contract face sheet (known as "Service Agreement"), including provisions which require that:

1) Except for certain situations described in your Group Medical and Hospital Service Agreement, its performance or alleged breach, or the relationship or conduct of the parties, 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 your Group Medical and Hospital Service Agreement, irrespective of legal theory, must be decided by binding arbitration. For claims, disputes, or cause of action subject to binding arbitration, all parties and family members give up the right to jury or court trial. For a complete description of arbitration information, please see your Group Medical and Hospital Service Agreement.
2) Members must reimburse Kaiser Permanente for care provided or paid for by Kaiser Permanente (from the proceeds of any settlement, judgment, or other payment the member receives) if the care is for harm caused or alleged to be caused by a third party.
3) I had an opportunity to read the privacy information below.
4) I certify that I am at least 18 years of age and am an authorized agent for all my family members in our agreement to these terms. I also have the legal authority to contract for this medical insurance for each of the person(s) listed on the enrollment form.

Employee's signature Date

Street address Apt. City State ZIP code Phone

Privacy Information

Your privacy is important to us. Our physicians and employees are required to keep your protected health information (PHI) confidential whether it is oral, written, or electronically transmitted. We have policies, procedures, and other safeguards in place to help protect your PHI from improper use and disclosure in all settings, as required by state and federal laws. We will release your PHI when you give us written authorization to do so, when the law requires us to disclose information, or under certain circumstances when the law permits us to use or disclose information without your permission. For example, in the course of providing treatment, our health care professionals may use and disclose your PHI in order to provide and coordinate your care, without obtaining your authorization. Your PHI may also be used without your authorization to determine who is responsible to pay for medical care and for other health care operations purposes, such as quality assessment and improvement, customer service and compliance programs. If you are enrolled in Kaiser Permanente through your employer or employee organization, we may be allowed under the law to disclose to them certain PHI, for example, regarding health plan eligibility or payment, or regarding a workers' compensation claim. Sometimes, we contract with others (business associates) to perform services for us and in those cases, our business associates must agree to safeguard any PHI they receive.

Our privacy policies and procedures include information on your right to see, correct or update, and receive copies of your PHI. You may also ask us for a list of our disclosures of your PHI that we are required to track under the law.

For a more complete explanation of our privacy policies, please request a copy of our Notice of Privacy Practices which is on our website at **kp.org/privacy**, in our medical offices, or by calling our Customer Service Center. If you have questions or concerns about our privacy practices, please contact our Customer Service Center at **1-800-966-5955**.

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