

Plan Change Request Form

If you'd like to change your Kaiser Permanente plan, please complete this form and fax it to **1-800-369-8010**. We will send you booklets containing benefit information for your new plan(s). Please provide a booklet to each subscriber in your group. **Please write or type in black ink only.**

Your name _____

Date _____

Company name _____

Group ID number _____

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Phone number _____

Fax number _____

X

Your signature (Please use black ink.) _____

Use this form to change plans; add, change, or delete dental plans; add or delete the chiropractic benefit; or change your new hire waiting period.

Plan options

- Please switch my plan to the following plan:

Copayment plans

- \$50 plan
- \$30 plan
- \$20 plan
- \$15 plan
- \$5 plan

Deductible plans with HSA option

- \$30/\$2,700 plan with HSA
- \$0/\$2,700 plan with HSA
- \$0/\$2,200 plan with HSA
- \$0/\$1,500 plan with HSA

Deductible plans

- \$30/\$1,500 plan
- \$30/\$1,000 plan

Deductible plans with HRA¹

- \$30/\$2,500 plan with HRA
- \$30/\$1,500 plan with HRA

POS plan¹

- \$35 plan

PPO insurance plans¹

- \$40/\$1,000 plan
- \$40/\$2,500 plan with HSA

Dental plans²

- Add fee-for-service dental plan
___ Plan C ___ Plan E
___ Plan D ___ Plan E with Ortho³

- Add PPO dental plan
___ PPO D 1500
___ PPO E 1000
___ PPO E 1500

- Add HMO dental plan
___ DeltaCare 10A
___ DeltaCare 13B

- Discontinue plan

Chiropractic benefit^{2,4}

- Add chiropractic benefit
- Discontinue benefit

Waiting period

- Please change my new hire waiting period to the first of the month following:

- Date of hire
- 30 days
- 60 days
- 90 days
- 180 days
- 365 days

Please note: The waiting period can only be shortened at the renewal/ anniversary date.

Please make the selected change effective

_____ 1, 2009.
(month)

Multiple plan offering

Please fill out the *Multiple Plan Offering Plan Change Request Form* to switch to this option.

Note: Requests for a plan downgrade are accepted throughout the year; however, contractual changes cannot be effective during the 120 days before your anniversary date. It may take up to two billing cycles for the plan change to be reflected on your bill.

¹The deductible plans with HRA, POS plan, and PPO plans require additional forms to be completed. Call 1-800-790-4661, option 2.

²To enroll in dental or chiropractic plans, a group must be enrolled in a medical plan.

³Requires at least 10 subscribers

⁴This benefit cannot be added to deductible plans with HSA option.

Fax this form to 1-800-369-8010. (no cover sheet needed)

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