



## Guidelines for completing this form

Be sure to read the enclosed Information Sheet as well as your Notice of Right to Elect Cal-COBRA Continuation Coverage and Important Information About Your Cal-COBRA Continuation Coverage Rights. If you did not receive any of these documents, please contact your employer or our Member Service Call Center at **1-800-464-4000**.

1. Complete all applicable fields on the form. Use only dark blue or black ink. Please print clearly.
2. Complete and sign this enrollment form. The subscriber (employee) must sign the form; or, in the case of spouse or dependent making their own individual election, such individual must sign the form. With respect to an individual under the age of 18, the parent or legal guardian must sign the form. Include information on all dependents to be covered.
3. The subscriber (employee) on the group coverage account is not required to be enrolled in the Cal-COBRA account. If the employee does not enroll in Cal-COBRA, please specify who the new subscriber on the account should be in the "Subscriber Enrollment Information" section of the form.
4. To be eligible, a spouse or dependent children must have been covered under your group plan. The only exception to this is if you are transferring your existing Cal-COBRA account to Kaiser Permanente, are making a new election at Open Enrollment, or are enrolling new dependents under the special enrollment provisions of HIPAA (Health Insurance Portability and Accountability Act of 1996) during open enrollment.
5. Kaiser Permanente will provide you with rate information on Cal-COBRA accounts.
6. Renewal plan benefit information should be provided by the employer.
7. Do not submit payment with this form. Once Kaiser Permanente has enrolled your application, you will begin receiving monthly invoices.
8. If enrolling in Cal-COBRA, mail or fax (not both) the completed form to the address provided below.
9. Be sure to include the Medical Record Numbers of any members who are, or have ever been, Kaiser Permanente members. It is very important that members retain their Medical Record Numbers.
10. Only new members will receive an ID card. Existing members **will not** receive new cards. Please continue to use your existing card.
11. If you are transferring your existing Cal-COBRA account from another carrier to Kaiser Permanente during Open Enrollment, be sure to tell us the original reason for your Cal-COBRA coverage, and identify your other carrier's name and your original start date of coverage.

### Use the information below to submit your Cal-COBRA application for enrollment.

#### Mailing Address:

Kaiser Permanente  
PO Box 23127  
San Diego, CA 92193

#### Fax Numbers:

Southern California Accounts: **1-858-614-3345**  
Northern California Accounts: **1-858-614-3344**

# *Cal-COBRA Enrollment Form*

Please read instructions and complete form to request enrollment in a Kaiser Permanente Cal-COBRA account.

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