



Active Employees Enrollment Form

	STAFF USE ONLY											
	Event Date:	E1	ffective Date:			Enrollment	Change 1	Гуре: ☐ Add	☐ Drop	Other:		
	1 - Employee Ir in dark ink and check ea											
Last Name			First Name	e, Middle Nam	ne			Employee	ID	Date of Birth	So	cial Security Number
Address			City					State		ZIP Code	Dh	one Number
Gender Female Male	□ c	ification ertificated	City nagement		rital Status Single Married	☐ Widov		Divorce	d	Are you mar	ried to another SAUS	D employee?
Select one m	2 - Selection of dedical and/or dental pla		endents. You and	d your depend	lents will be e	nrolled in the	e same pl	an(s). Provide a	all required	documents for	new dependents.	
Must sign Section 4 Fi		Full HMO Network Blue Shield Trice	Blue Shield Access+ HMO Blue Sh Full HMO Network Blue Shield Trio ACO HMO Narrow HMO Network			ım PPO	☐ 2 Pa	Single (Employee Only) 2 Party (Employee +1 dependent Family (Employee +2 or more de			dependents) coverage for you and/or you	
DENTAL Delta C	are USA DHMO	☐ Delta Dental Inc	centive DPPO	☐ Delta De	ental Netwo	rk DPPO	☐ 2 Pa	gle (Employee ourty (Employee	+1 depend	•	☐ Myself ☐ Spell am refusing DEN	DICAL coverage for: ouse Dependents TAL coverage for: ouse Dependents
	3 - Dependent arate sheet is necessary		locuments for ne	w dependents	S.		Blu	e Shield HMO	Members	ONLY (Use this	s area to designate a p	rimary care physician)
Last Name			First Name, Mi	iddle Name				P ID (Not your			Physician Name	,
DEPENDEN	T 1							· •			s area to designate a p	
Last Name			First Name, Mi	iddle Name			PC	P ID (Not your	Blue Shiel	d ID)	Physician Name	
Social Secu	rity Number	Date of Birth	l.		Female	e 🗌 Male)	Relatio	onship		Dent Enroll In	al Medical
DEPENDEN	T.0											
DEFENDEN	1 2						Blu	e Shield HMO	Members	ONLY (Use this	s area to designate a p	rimary care physician)
Last Name	1 2		First Name, Mi	iddle Name				P ID (Not your		Ť	Physician Name	
Last Name	irity Number	Date of Birth		iddle Name	☐ Female	e □ Male	PC		Blue Shiel	Ť	Physician Name	
Last Name	irity Number	Date of Birth		iddle Name		e 🗌 Male	PC	P ID (Not your Relatio	Blue Shiel	d ID)	Physician Name	al Medical
Last Name Social Secu	irity Number	Date of Birth			Gender		PC Blu	P ID (Not your Relatio	Blue Shield onship Members	d ID) ONLY (Use this	Physician Name Dent Enroll In s area to designate a p	al
Last Name Social Secu DEPENDEN Last Name	irity Number	Date of Birth					PC Blu	P ID (Not your Relations	Blue Shield onship Members Blue Shield	d ID) ONLY (Use this	Physician Name Dent Enroll In s area to designate a p	al Medical
Last Name Social Secu DEPENDEN Last Name	T 3				Gender		PCI Blu	P ID (Not your Relation Shield HMO P ID (Not your Relation	Blue Shield onship Members Blue Shield onship	ONLY (Use this	Physician Name Dent Enroll In s area to designate a p Physician Name	al
Last Name Social Secu DEPENDEN Last Name Social Secu	T 3			iddle Name	Gender Female Gender	e □ Male	PCI Blu	P ID (Not your Relation Shield HMO P ID (Not your Relation	Blue Shield onship Members Blue Shield onship	ONLY (Use this	Physician Name Dent	al Medical rimary care physician) al Medical rimary care physician)
Last Name Social Secu DEPENDEN Last Name Social Secu DEPENDEN Last Name	T 3		First Name, Mi	iddle Name	Gender	e □ Male	PCI Blu	P ID (Not your Relation	Blue Shield Blue Shield Danship Members Blue Shield Members Blue Shield	ONLY (Use this	Physician Name Dent	al Medical rimary care physician) al Medical rimary care physician)
Last Name Social Secu DEPENDEN Last Name Social Secu DEPENDEN Last Name Social Secu Section	rrity Number T 3 rrity Number T 4 rrity Number 4 - Kaiser Four	Date of Birth Date of Birth	First Name, Mi First Name, Mi	iddle Name	Gender Female Gender Female Gender	e ☐ Male	PCI	Relation	Blue Shield Onship Members Blue Shield Onship Members Blue Shield Onship	ONLY (Use this	Physician Name Dent	al Medical rimary care physician) al Medical rimary care physician)
Last Name Social Secu DEPENDEN Last Name Social Secu DEPENDEN Last Name Social Secu Section Kaiser memb I unders proceduryself, contract arising of services relating under Carbitration	urity Number T 3 urity Number T 4 A - Kaiser Founters must read and sign stand that (excure regulation, my heirs, related health care but of or relates were unneces to the coverage alifornia law a	Date of Birth Date of Birth Idation Health the following agreemer ept for Small (and any other ives, or other a e providers, ac d to members ssary or unaut ge for, or delive nd not by laws s. I agree to g	First Name, Mi Plan Arbitro Claims Council Claims that associated diministrato hip in KFH ithorized or, seriesuit or resource up our	iddle Name ration Ag urt cases at canno I parties ors, or otl IP, includ r were im vices or ort to cou- right to	Female Gender Female Gender Female Gender reement s, claims t be sub on the oher asso oher asso oher asso oher asso oher asso oher asso oher as oher as oher as oher a jury triproce a jury tri	e	Blu PCI Blu PCI S S S S S S S S S S S S S S S S S S	Relation Rel	Blue Shiele Members Blue Shiele Onship Members Blue Shiele Onship Ilment (appea ion uncoundation unc	ONLY (Use this dID) ONLY (Use this dID) Unit: Unit: and, for a malpractly rende ust be de provides	Physician Name Dent	al
Last Name Social Security Section Kaiser member 1 unders procedumyself, contract arising of services relating under Coarbitration arbitration of the security	urity Number T 3 urity Number T 4 - Kaiser Founters must read and sign stand that (excure regulation, my heirs, related health care out of or relates were unneces to the coverage alifornia law a on proceeding	Date of Birth Date of Birth Idation Health the following agreemer ept for Small (and any other ives, or other a e providers, ac d to members ssary or unaut ge for, or delive nd not by laws s. I agree to g contained in the	First Name, Mi Plan Arbitro Claims Council Claims that associated diministrato hip in KFH ithorized or, seriesuit or resource up our	iddle Name ration Ag urt cases at canno I parties ors, or otl IP, includ r were im vices or ort to cou- right to	Female Gender Female Gender Female Gender reement s, claims t be sub on the oher asso oher asso oher asso oher asso oher asso oher asso oher as oher as oher as oher a jury triproce a jury tri	e	Blu PCI Blu PCI S S S S S S S S S S S S S S S S S S	Relation Rel	Blue Shield S	ONLY (Use this d ID) ONLY (Use this d ID) Unit: als proceder gover ion Health and, for a malpractly rende ust be de provides ling arbits	Physician Name Dent	al
Last Name Social Secu DEPENDEN Last Name Social Secu DEPENDEN Last Name Social Secu Section Kaiser memb I unders procedumyself, contract arising of services relating under Carbitratic arbitratic arbitratic arbitratic arbitratic general signification of the section of	urity Number T3 urity Number T4 4 - Kaiser Four ers must read and sign stand that (excure regulation, my heirs, relat ted health care out of or relate s were unnece to the coverage california law ai on proceeding on provision is tration Agreement Sig 5 - SAUSD Enr ment request will not be this form, I under m	Date of Birth Date of Birth Idation Health Ithe following agreemer ept for Small (and any other ives, or other a e providers, ac d to members ssary or unauf ge for, or delive and not by laws s. I agree to g contained in the collment Form S processed if this section y elections will rema orm, into the selection	First Name, Mi Plan Arbitr It. Claims Cou claims that associated diministrato hip in KFH thorized or ery of, sen- suit or reso ive up our the Eviden Signature (n is not signed. ain in effect, if I ons I have chose	iddle Name ration Ag urt cases at canno I parties ors, or oth IP, include r were in vices or ort to cou r right to ace of Co	Gender Female Gender Female Gender Female Gender reement s, claims t be sub on the o her asso ding any nproperl items, ir irt proce a jury tri overage.	e	Blu PCI Blu PC	Relation Rel	Blue Shiele Blue Shiele Denship Members Blue Shiele Denship Blue Shiele Denship Ilment I appea ion und Dundati other ha ionspital inpeten ory, mu of bince Kaise an enrolli e District	ONLY (Use this d ID) ONLY (Use this d ID) Unit: uls proceder gover fon Healt a malpractly rende ust be deprovides ling arbition of any eligibi	Physician Name Physician Name Physician Name Physician Name Dent Enroll In s area to designate a p Physician Name Enroll In s area to designate a p Physician Name Dent Enroll In s area to designate a p Physician Name Cure or the EF rning law) any held law	al