



Benefits Staff Use Only:

Employment Status: _____

Event Date: _____ Effective Date: _____ Enrollment Type: _____

Section 1 – Employee Information Print or type in dark ink and select all required fields.

Form for Section 1: Employee Information. Fields include Last Name, First and Middle Name, Employee ID, Date of Birth, Social Security Number, Address, City, State, ZIP Code, Telephone Number, Gender, Classification, Marital Status, Are you married to another SAUSD employee?, and If yes, what is your spouse's SAUSD ID?

Section 2 – Coverage Election Select the coverage for you and your dependents. You and your dependents will be enrolled in the same plan(s).

Form for Section 2: Coverage Election. Includes Medical Election, Dental Election, and a section for 'I am refusing: _____ for: _____'.

Section 3 – Dependent Information Attach a separate sheet if necessary. Provide all required documents for new dependents.

Form for Section 3: Dependent Information. Contains four sections for DEPENDENT 1 through DEPENDENT 4, each with fields for Last Name, First and Middle Name, Date of Birth, Gender, Social Security Number, Relationship, and Enroll In.

Section 4 – Kaiser Foundation Health Plan Arbitration Agreement

Group 132731 Enrollment Unit: _____

Kaiser members must read and sign the following agreement. I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

KFHP Agreement Signature

KFHP Agreement Signature Date

Section 5 - Rate Acknowledgement (REQUIRED) Your enrollment request will not be processed if this section is not signed.

By signing here, I verify that I have reviewed the 2024 - 2025 Rate Sheet and agree to pay the premiums pretax for the elections I have made in section 2.

Rate Acknowledgement Signature

Date

Section 6 - SAUSD Enrollment/ Change Form Signature (REQUIRED)

By signing this form, I under my elections will remain in effect, if I remain eligible, or until I make another election during an enrollment period. I wish to enroll myself, and my eligible dependents I've listed on this form, into the selections I have chosen. I understand that I am responsible for informing the District of any eligibility of my dependents and am responsible for premiums and claims incurred on behalf of ineligible dependents. I certify, under penalty of perjury, that the above information in true and accurate to the best of my knowledge.

SAUSD Enrollment Form Signature

Enrollment Form Signature Date