





**KAISER PERMANENTE GROUP ENROLLMENT/CHANGE FORM INSTRUCTIONS****USE THIS FORM TO:**

1. Enroll employee, spouse, and dependents.
2. Add dependents to the plan.
3. Delete employee and dependents from the plan.
4. Change name for employee and dependents.
5. Change address for employee.

**DEFINITIONS OF TERMS:**

1. Spouse—Subscriber's legally married spouse. State of Hawaii does not recognize common law marriage.
2. Dependents—Legal dependents and unmarried dependent children up to age 19, or as specified by your group's contract.
3. Address—Subscriber and eligible dependents may enroll if living in the Hawaii service area of Oahu, Maui, and Hawaii (except for ZIP codes 96718, 96772, and 96777) at the time of enrollment. After enrollment, members must continue to live in the Hawaii service area in order to remain a member.

**TO COMPLETE FORM:**

1. Please print, use a ballpoint pen, and press firmly.
2. When adding or deleting dependents, always include the employee/subscriber's name.
3. If dependent's address is different than employee's, please indicate on section B.
4. If you need to use another enrollment form, remember to include the subscriber's name on all forms.
5. This form must be signed by subscriber/responsible party.
6. Please refer to employer for correct group number, subgroup number, and billgroup unit (required).
7. Return entire enrollment form to employer.
8. Employer, give pink copy to subscriber to use as a temporary ID card after you sign the enrollment form.
9. Employer, return the remaining pages of the enrollment form to address below:

Kaiser Foundation Health Plan, Inc.  
Membership Administration  
P.O. Box 921006  
Fort Worth, TX 76121-1006

**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 with 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. We may be allowed under law to disclose certain PHI to your employer or employee organization, 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 check out our "Notice of Privacy Practices," which is on our Web site and in our medical offices, or request a copy by calling our Customer Service Center. If you have questions or concerns about our privacy practices, please visit our Web site at [kaiserpermanente.org](http://kaiserpermanente.org), or contact our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).