



KAISER PERMANENTE®

Kaiser Foundation Health Plan, Inc.
Southern California Region

Membership Accounting • P.O. Box 23250 • San Diego • California • 91051-5915 • (800)731-4661 or Fax (619)614-3345

CHECK HERE IF NEW ADDRESS

FAMILY ACCOUNT CHANGE

SUBSCRIBER
NAME

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CURRENT
ADDRESS

CITY,
STATE

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ZIP CODE

TO BE COMPLETED BY SUBSCRIBER	
GROUP NUMBER	FAMILY ACCOUNT NUMBER
EMPLOYER	
SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER
DAY PHONE NUMBER ()	
EVENING PHONE NUMBER ()	

NAME CHANGE	FROM	TO
<input type="checkbox"/> NAME CHANGES FOR SUBSCRIBERS IN EMPLOYER GROUPS MUST BE REPORTED THROUGH THEIR GROUP		

<input type="checkbox"/> ADD DEPENDANTS	A NEW DEPENDENT MUST NORMALLY BE ENROLLED WITHIN 30 DAYS FROM THE DATE THE DEPENDENT WAS ESTABLISHED AS A MEMBER OF THE FAMILY. OTHERWISE, DEPENDENTS CAN ONLY BE ADDED DURING YOUR GROUP'S OPEN ENROLLMENT PERIOD.
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LAST NAME	FIRST	M.I.	PREVIOUS MEDICAL RECORD NUMBER FROM KAISER CARD	KAISER BORN	SEX	BIRTHDATE	RELATIONSHIP				
				Y : N	M : F		MO : DAY : YR.	SPOUSE	SON	DAUGH	OTHER(SPECIFY)

HAS ANY FAMILY MEMBER BEING ADDED ABOVE BEEN A PREVIOUS KAISER MEMBER IN SOUTHERN CALIFORNIA?	THROUGH WHICH GROUP?	LAST YEAR OF MEMBERSHIP	IF YOU ARE ENROLLING YOUR SPOUSE, ENTER DATE OF MARRIAGE	MO	DAY	YR.
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IF YOU ARE ENROLLING OTHER FAMILY MEMBERS, ENTER DATE THAT FAMILY MEMBER WAS ESTABLISHED	MO	DAY	YR.	IF ENROLLED UNDER DIFFERENT NAME, LIST PRIOR NAME
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<input type="checkbox"/> DELETE DEPENDENT	A DEPENDENT DELETED FROM YOUR ACCOUNT MAY REQUEST TRANSFER TO HIS/HER OWN INDIVIDUAL MEMBERSHIP IF THE TRANSFER IS REQUESTED WITHIN 30 DAYS FROM THE DATE DEPENDENT ELIGIBILITY IS LOST.
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REASON FOR DELETION	<input type="checkbox"/> DIVORCE	<input type="checkbox"/> CHILD MARRIED	<input type="checkbox"/> LOSS OF STUDENT STATUS	<input type="checkbox"/> OTHER
DATE: / /	DATE: / /	DATE: / /		

MEDICAL RECORD NUMBER FROM KAISER CARD	LAST NAME	FIRST	M.I.	SEX		BIRTHDATE
				M	F	

ENTER ADDRESS FOR DELETED DEPENDENTS IF DIFFERENT FROM YOUR ADDRESS	STREET ADDRESS
	CITY STATE ZIP CODE

<input type="checkbox"/> OTHER REQUEST	PLEASE SPECIFY
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REQUIRED FOR ALL CHANGES	SUBSCRIBER'S SIGNATURE	DATE SIGNED
	X	