

SPECIAL DEPENDENT HEALTH PLAN ENROLLMENT / DELETION FORM

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|-----------------------------|----------------------------|---------------------------------------|
| Physician First Name | Physician Last Name | Physician ID Number (22xxxxxx) |
| Physician Category | Area | Effective Date (mm/dd/yyyy) |

SPECIAL DEPENDENT ENROLLMENT

ADD A SPECIAL DEPENDENT
 Coverage becomes effective on the **first day of the month** following receipt of enrollment forms

Special Dependent Enrollee Name : _____ **Relationship :** _____

Effective Date : _____ **Choose a billing option :** Direct Pay Payroll Deduction

_____ Physician Signature _____ Physician Medical Record # _____ Date

SPECIAL DEPENDENT DELETION

DELETE A SPECIAL DEPENDENT
 Coverage can only be discontinued on the **last day of the month** following receipt of the Special Dependent Deletion Form

For Special Dependents age 65 and older WITH Senior Advantage:
 If the Special Dependent has Senior Advantage with Medicare Parts A and B assigned to Kaiser Foundation Health Plan and would like to **completely disenroll** as a Special Dependent and from Senior Advantage, they must also complete a Senior Advantage Disenrollment form **at least 21 days in advance** of the desired termination date. If the notice is received less than 21 days in advance, coverage will be discontinued on the last day of the following month after the 21 days have elapsed.

_____ Physician Signature _____ Physician Medical Record # _____ Date

_____ Special Dependent Signature _____ Special Dependent Medical Record # _____ Date

Comments:

Submit completed form to PHR Shared Services:
626-628-3789 (secure fax) or **PHRSharedServices@kp.org**