

Guidelines for completing this form

1. Complete all applicable fields on the form. Use only dark blue or black ink. Please print clearly.
2. Complete and sign this enrollment form. The subscriber (employee) must sign the form; or, in the case of spouse domestic partner (if eligible) or dependent making their own individual election, such individual must sign the form. With respect to an individual under the age of 18, the parent or legal guardian must sign the form. Include information on all dependents to be covered.
3. The subscriber (employee) on the group coverage account is not required to be enrolled in the COBRA account. If the employee does not enroll in COBRA, please specify who the new subscriber on the account should be in the "Subscriber Enrollment Information" section of the form.
4. Your spouse (or domestic partner, if eligible) or dependent children are eligible to enroll if they were covered under your Kaiser Permanente group plan. Dependents may be added only during open enrollment, or under the special enrollment provisions of HIPAA (Health Insurance Portability and Accountability Act of 1996).
5. Do not submit payment with this form. Your former employer will instruct you on how to make your payments.
6. For enrollment in a COBRA account, check with your former employer as to where to submit the form. **Do not mail or fax it to us.**
7. Be sure to include the Social Security Numbers of any members who are, or have ever been, Kaiser Permanente members. We will use this number to ensure that they retain the same Medical Record Number that they may have been assigned in the past.
8. Only new members will receive an ID card. Existing members **will not** receive new cards. Please continue to use your existing card.
9. If you are transferring your existing COBRA account from another carrier to Kaiser Permanente during Open Enrollment, be sure to include the original reason why you were initially eligible for your COBRA coverage, and identify your other carrier's name and your original start date.

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Federal COBRA Enrollment Form

Please read instructions. Both the employer and the employee must complete fields on this form to request enrollment in a Kaiser Permanente group COBRA account.