Kaiser Permanente Senior Advantage for Federal Members (HMO) Senior Advantage 2 Enrollment Application

☐ Northern California ☐ Southern California ☐ Colorado ☐ Georgia ☐ Northwest

The FEHB enrollee (or subscriber) must complete this form. By enrolling in Senior Advantage 2, you and your covered dependents enrolled in Kaiser Permanente Senior Advantage for Federal Members will be eligible to receive reimbursement of your Medicare Part B premium as described in the Senior Advantage 2 Program Description. You must provide the enrollee's (subscriber's) information below and the name(s) and Social Security number(s) for each dependent enrolled in Senior Advantage for Federal Members.

Subscriber

Last name | First name | MI

Kaiser Permanente medical/health record number | Date of birth (mm/dd/yyyy) | Social Security number (SSN)

Street address

City | State | ZIP code | Telephone number

Dependent 1

Last name | First name | MI

Kaiser Permanente medical/health record number | Date of birth (mm/dd/yyyy) | Social Security number (SSN)

Dependent 2

Last name | First name | MI

Kaiser Permanente medical/health record number | Date of birth (mm/dd/yyyy) | Social Security number (SSN)

I am the enrollee (subscriber), and understand this application is to enroll myself and my dependent(s) in the Senior Advantage 2 Program. I understand that my signature on this application means that I have read, understand, and agree to the plan rules outlined in the Senior Advantage 2 Program Description and the FEHB Brochure. I agree to enroll myself and my eligible dependents, if any, in Senior Advantage 2.

FEHB enrollee's (subscriber's) signature | Today's date (mm/dd/yyyy)

Mail to: Kaiser Permanente
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San Diego, CA 92193-9919

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Fax: 1-855-355-5334