

TEMPORARY MEMBER ID

FOR NEW MEMBERS WHO WISH TO ACCESS SERVICES AT KAISER PERMANENTE FACILITIES

If you need to receive care before you've received your Kaiser Permanente member ID card, please complete this form and present it to the receptionist at the medical facility, along with a copy of your *Enrollment Form* and a picture ID.

Effective date of coverage

Company name

Employee name

Social Security number

Date of birth (MM/DD/YY)

Medical record number (if known)

Spouse/Domestic partner name

Dependent name

Dependent name

Dependent name

Dependent name

X

Employee signature (**Use black ink.**)

Medical Plan Options

I am enrolled in this plan (check one):

- | | | | | | |
|---|---|---|---|--|------------------------------------|
| Copayment HMO plans | <input type="checkbox"/> \$5 plan | <input type="checkbox"/> \$15 plan | <input type="checkbox"/> \$20 plan | <input type="checkbox"/> \$30 plan | <input type="checkbox"/> \$50 plan |
| HSA-qualified deductible HMO plans | <input type="checkbox"/> \$0/\$2,000 plan with HSA | <input type="checkbox"/> \$0/\$2,700 plan with HSA | <input type="checkbox"/> \$30/\$3,000 plan with HSA | | |
| Deductible HMO plans | <input type="checkbox"/> \$30/\$1,000 plan | <input type="checkbox"/> \$30/\$1,500 plan | <input type="checkbox"/> \$40/\$2,000 plan | <input type="checkbox"/> \$40/\$3,000 plan | |
| Deductible HMO plans with HRA | <input type="checkbox"/> \$30/\$1,500 plan with HRA | <input type="checkbox"/> \$30/\$2,500 plan with HRA | | | |
| Point-of-service (POS) plans | <input type="checkbox"/> POS + GIFT plan | <input type="checkbox"/> \$35 POS plan | | | |

Note to receptionist: For questions concerning a patient's eligibility, contact the California Service Center at tie-line **8-279-5320**. If more information is needed, please ask patient to complete a *Member Eligibility Information Form*.