SISC III
SELF-INSURED SCHOOLS OF CALIFORNIA
Schools Helping Schools

For District Use Only

GROUP MEDICAL NO.

EFFECTIVE DATE

PPO MEDICAL ENROLLMENT FORM

I. PERSONAL INFORMATION

LAST NAME (Print)	FIRST NAME (Print)	M.I.	1 ☐ MALE 2 ☐ FEMALE	BIRTHDATE MO DAY YR
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NO. Area Code ( )
SOCIAL SECURITY NO.	HIRE/REHIRE DATE MO DAY YR	EMPLOYER		OCCUPATION

II. MEDICARE COVERAGE If you are retired and entitled to Medicare and not enrolled, you may be subject to a premium surcharge.

Are you retired? ☐YES ☐NO If yes, do you have Medicare? ☐YES ☐NO
(Copy of Medicare card required)
If yes, Part A effective date__________ Part B effective date____________

Do any of your dependents have Medicare? ☐YES ☐NO
(Copy of Medicare card required)
If yes, Part A effective date__________ Part B effective date____________

III. EMPLOYEE & FAMILY INFORMATION Proof of eligibility required (i.e. birth/marriage certificate/domestic partnership validation).

	LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	Is eligible for other health plan?	Is enrolled in other health plan?	QUALIFIES AS IRS DEPENDENT	FULL-TIME STUDENT	DATE OF BIRTH	AGE	TOTALLY DISABLED
SELF					☐ YES ☐ NO	☐ YES ☐ NO			MO DAY YR		☐ YES ☐ NO
SPOUSE/ DOMESTIC PARTNER Gender ☐M ☐F					☐ YES ☐ NO	☐ YES ☐ NO					☐ YES ☐ NO
☐ SON ☐ DAUGHTER					☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO			☐ YES ☐ NO
☐ SON ☐ DAUGHTER					☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO			☐ YES ☐ NO
☐ SON ☐ DAUGHTER					☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO			☐ YES ☐ NO
☐ SON ☐ DAUGHTER					☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO			☐ YES ☐ NO
☐ SON ☐ DAUGHTER					☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO			☐ YES ☐ NO
☐ SON ☐ DAUGHTER					☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO			☐ YES ☐ NO

IV. I understand it is my responsibility to notify SISC once a dependent or former dependent is no longer eligible, such as following a divorce or when a dependent child over the age of 19 no longer meets the eligibility requirements (full time student or IRS dependent) and that I may be financially liable to SISC in the event I fail to notify it and the claim of a non-eligible person is paid.

V. DEDUCTION AUTHORIZATION: If applicable, I authorize my school district to deduct from my wages the required dues.

VI. NON-PARTICIPATING PROVIDER: I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provider.

VII. HIV Testing Prohibited: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.

VIII. EFFECTIVE DATE: The effective date of coverage is subject to SISC III approval.

IX. Any complaints regarding the exemption due to the Knox-Keene Health Care Service Plan Act of 1975 may be directed to the Department of Managed Health Care of the State of California.

X. SIGNATURE OF UNDERSTANDING - APPLICANT MUST SIGN

I have read and understood the provisions outlined on this form. All information on this form is correct and true. I understand that it is the basis on which coverage may be issued under the plan. Any misstatements or omissions may result in future claims being denied and/or the policy being rescinded. You are entitled to a copy of this signed authorization for your files.

Additionally, any person who knowingly and with intent to injure, defraud, or deceive the district, SISC, or plan service provider, by filing a statement or claim containing false or misleading information may be guilty of a criminal act punishable under law.

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements.

XI. ARBITRATION AGREEMENT: I UNDERSTAND THAT ANY AND ALL DISPUTES BETWEEN MYSELF (AND/OR ANY ENROLLED FAMILY MEMBER) AND SISC III (INCLUDING CLAIMS ADMINISTRATOR OR AFFILIATE) INCLUDING CLAIMS FOR MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF THE SMALL CLAIMS COURT, AND NOT BY LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. UNDER THIS COVERAGE, BOTH THE MEMBER AND SISC III ARE GIVING UP THE RIGHT TO HAVE ANY DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY. SISC III AND THE MEMBER ALSO AGREE TO GIVE UP ANY RIGHT TO PURSUE ON A CLASS BASIS ANY CLAIM OR CONTROVERSY AGAINST THE OTHER. (FOR MORE INFORMATION REGARDING BINDING ARBITRATION, PLEASE REFER TO YOUR EVIDENCE OF COVERAGE BOOKLET.)

X____

Employee Signature Date

EMPLOYEE: PLEASE REMOVE AND KEEP THE LAST PAGE (NOTICE OF PRIVACY PRACTICES)