KAISER PERMANENTE®

REQUEST FOR CHANGE OF DEMOGRPAHIC INFORMATION

Postal Service Health Benefits (PSHB) Program

- **Use this form to request demographic changes to your existing enrollment account only.**
- **For all other requests please submit the changes directly on the PSHB Online Enrollment website: health-benefits.opm.gov/pshb**

A. What are the changes requested? (SUBSCRIBER - Mark the box for each change you are requesting.)

☐ **Phone Number**	☐ **Mailing Address Update ONLY** (If different from membership address)	☐ **SSN Update**	☐ **Replacement ID card**

B. SUBSCRIBER INFO: (Health/Medical Record No. (HRN/MRN) and Social Security No. (SSN) required)

1) SUBSCRIBER Name (Last):	**SUBSCRIBER Name (First / Middle):**
2) HRN/MRN*:	**3) SSN*:**
4) Address Number, Street Name, City, State, Zip):	

D. COMPLETE: MEMBER (New) INFO: (Enter information for the member the change(s) applies to)

☐ **Change applies to all members** ☐ **Change applies to family members listed**

1) Name (Last):	**Name (First / Middle):**	**SSN:**
2) Name (Last):	**Name (First / Middle):**	**SSN:**
3) Name (Last):	**Name (First / Middle):**	**SSN:**
Address (Number, Street Name, City, State, Zip):		
Home phone:	**5) Business phone:**	**Cell phone:**

Complete and SEND (2a-b):

1) Select the Kaiser Permanente area where you are enrolled:	**2a) Mail To: Address**	**2b) Or Fax to:**
☐ **California**	**Kaiser Permanente, California Service Center - Federal Accounts P.O. Box 23758, San Diego, California 92123-3758**	**1-855-355-5334**

Kaiser Foundation Health Plan, Inc., California Arbitration Agreement*

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the *Evidence of* Coverage.

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Signature Required for all Kaiser Permanente Plans **Date**