Concordia Plan Services
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Kaiser Arbitration Agreement

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

Arbitration Agreement

For all California Members enrolling in a Kaiser Option

I understand that any dispute between myself, my heirs, relatives, or associated parties (on the one hand) and Kaiser Permanente Insurance Company, Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, the Permanente Medical Group, Inc., Southern California Permanente Medical Group, or their physicians, employees, agents, administrators, contracted health care providers, or other associated parties (on the other hand) for alleged violation of any duty arising out of or related to my self-funded health plan administered by Kaiser Permanente Insurance Company, including any claim for medical or hospital malpractice (a claim that medical services or items were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), or for premises liability, irrespective of legal authority, 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 court or jury trial, and instead accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Employer Plan Documents.

The following claims are not subject to binding arbitration:

- Claims within the jurisdiction of the Small Claims Court.
- Claims subject to a Medicare appeals procedure.
- Claims subject to the ERISA claims procedure regulation.
- Claims that cannot be subject to binding arbitration under governing law.

X_____

Signature Required for all Kaiser Permanente Plans

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Date (MM/DD/YYYY)

_____

SSN/CPS Member Number

_____

Employer Name

_____

Employer Number

_____

Employer Address