

# CARA DELTACARE

## Voluntary Plan HMO 12A

**Member Information**

Effective Date :

Member Name :

Phone :

Fax :

Email :

**Monthly Rates Effective 1/1/2012 through 12/31/2012**

**Region 1 & 2 covers the following counties:**

*Los Angeles & Orange*

**Region 3 covers the following counties:**

*Alameda, Contra Costa, Fresno, Kern, Mariposa, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara & Ventura*

**Region 4 covers the following counties:**

*Alpine, Amador, Calaveras, Colusa, El Dorado, Imperial, Inyo, Kings, Madera, Marin, Merced, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, San Luis Obispo, Santa Barbara, Sierra, Solano, Stanislaus, Tuolumne, Tulare & Yolo*

**Region 5 covers the following counties:**

*Butte, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Mono, San Benito, Santa Cruz, Shasta, Siskiyou, Sutter, Tehama, Trinity & Yuba*

<b>Plan 12A</b>	<input type="checkbox"/> <b>Region 1 &amp; 2</b>	<input type="checkbox"/> <b>Region 3</b>	<input type="checkbox"/> <b>Region 4</b>	<input type="checkbox"/> <b>Region 5</b>
<b>Member Only</b>	\$ 20.90	\$ 21.44	\$ 21.92	\$ 43.83
<b>Member + 1 Dependent</b>	\$ 34.49	\$ 35.37	\$ 36.18	\$ 72.31
<b>Member + 2 Dependents or more</b>	\$ 51.00	\$ 52.29	\$ 53.49	\$ 106.94

Subtotal \$

**Choose your billing option:**

ACH     Semi-Annually     Annually

Administration Fee \* \$

Grand Total \$

Note: ACH groups – Please complete the ACH form.

**Please make check payable to “CARA”**

\* Please refer to **AIS Administration Fee Schedule** for your choice of billing option.

**Broker Information**

Broker Number :

Broker Name :

Firm Name :

Address :

City :

State :

Zip Code :

Phone :

Fax :

Email :

**General Agent Information**

GA Name :

GA Firm Name :

**Please mail to: AIS \* One Kaiser Plaza, Suite 1333 \* Oakland, CA 94612 \* Attn: New Business**



# ENROLLMENT/CHANGE FORM

**FOR EMPLOYER USE ONLY**

Group No. \_\_\_\_\_

Contract Type \_\_\_\_\_

Effective Date \_\_\_\_\_

### Check One

- New Enrollment     New Social Security Number/  
Employee ID Number
- Name Change
- Facility Change\*     Address Change
- COBRA     Add Dependent
- Remove Dependent

Indicate effective date of change:  
\*(Does not pertain to facility change)

\_\_\_\_ (Month)    \_\_\_\_ (Day)    \_\_\_\_ (Year)

### COBRA Enrollment Only

Please indicate qualifying event:

- Termination     Widowed     Surviving Dependent
- Divorce     Overage Dependent

Indicate qualifying date:

\_\_\_\_ (Month)    \_\_\_\_ (Day)    \_\_\_\_ (Year)

### Primary Enrollee Information

VERY IMPORTANT - PLEASE PRINT LEGIBLY (Please leave one blank box between each word)

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)

Mailing Address: \_\_\_\_\_ (Street Address)  
 \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Date of Birth: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)    Male     Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Female

Name of Employer/Group: \_\_\_\_\_

Location: \_\_\_\_\_

Soc. Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Employee Identification #: \_\_\_\_\_

Contract Facility Name: \_\_\_\_\_    Contract Facility #: \_\_\_\_\_

### Dependent Information

VERY IMPORTANT - PLEASE PRINT LEGIBLY (To add additional dependents, please attach a separate sheet.) Note: You may choose up to three separate offices for yourself and all dependent enrollees.

PLEASE LIST ELIGIBLE DEPENDENTS TO BE COVERED IN ADDITION TO YOURSELF

Relationship Code*	Dependent Name	Male/ Female	Date of Birth	Contract Facility Name	Contract Facility #:
		(Check One) <b>M</b> <b>F</b>	(Month)   (Day)   (Year)		
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/>			

\*Relationship Codes: Place the following two character code in the first column to designate each dependent as follows:

Spouse - SP    Domestic Partner - DP    Child - CH    Child of DP - CD    Other Adult - OA    Other Child - OC

Signature of Primary Enrollee \_\_\_\_\_    Date \_\_\_\_\_

ECF-CA(12/01) NOTE: If the enrolling employee does not elect to cover their dependents, then dependents may not enroll later unless there is a qualifying event.



(In Nevada, also known as EWC Insurance Services, Inc.)

## Administration Fee Schedule

<b>ACH (Auto Bank Draft) *</b>	<b>Monthly</b>
1 Employee	\$ 3.50
2 to 4 Employees	\$ 3.50
5 > Employees	\$ 3.50
CARA Membership Fee	Included

\* ACH groups will not receive any monthly statements.

\*\* ONE person groups may elect only ACH or By Mail (Semi-Annual or Annual) payment modes.

<b>By Mail</b>	<b>Monthly</b>	<b>Quarterly</b>	<b>Semi-Annually</b>	<b>Annually</b>
1 Employee	n/a	n/a	\$ 25.00	\$ 25.00
2 to 4 Employees	\$ 10.00	\$ 20.00	\$ 25.00	\$ 25.00
5 > Employees	\$ 20.00	\$ 30.00	\$ 25.00	\$ 25.00
CARA Membership Fee **	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00

\*\* If you select By Mail, you will be charged CARA Membership Fee on the anniversary month.

Please make check payable to **“CARA”**.

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**E.W.C. INSURANCE SERVICES, INC. DBA AIS**

I (we) hereby authorize E.W.C. Insurance Services, Inc. DBA AIS, hereinafter called COMPANY, to initiate *debit entries* to my/our CHECKING account indicated below at the Depository Financial Institution named below, hereinafter called DEPOSITORY, and to debit the same to such account on the  5<sup>th</sup> or  20<sup>th</sup> of each month (select one). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ROUTING# \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_ CLIENT # \_\_\_\_\_  
FOR INTERNAL USE ONLY

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_

*NOTE: All written debit authorization MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization within 30 days. This form is to be submitted along with 1<sup>st</sup> month's premium and/or a copy of 'VOID' check.*

*sample check*

Any Name 1234 Any Street City, State Zip Code	DATE _____	2345
Pay to the order of _____	_____ Dollars	
<b>Bank Name</b> Main Branch 1234 Any Street City, State Zip Code (800) 555-1234	_____	
Ⓘ:123456789Ⓘ: 2345 @1234567890		
↑ Routing Number	↑ Account Number	

Depository Name →

Branch →

# CARA Membership Application

The undersigned, whose address and telephone number are shown below, hereby makes application for membership in CARA, an unincorporated association, upon the terms and conditions herein provided.

Upon payment of the membership application fee in the amount of \$15.00 and acceptance by CARA, the undersigned shall be entitled to all privileges and benefits as a CARA member, including participation in all CARA sponsored insurance programs for which such member shall be qualified and accepted.

In order to sustain membership in CARA, the member shall pay to CARA each year on or before the anniversary date of enrollment shown below, the annual dues established by the CARA Board of Directors. Said association dues shall be used by CARA solely for and in consideration of membership in the association.

The undersigned agrees to abide by the association's laws and such other membership rules as may be promulgated by the CARA Board of Directors from time to time.

Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

For internal use:

Accepted by CARA \_\_\_\_\_

Signature