

**A Special Note to KAISER PARTICIPANTS:
Make sure and complete your HIPAA Authorization!**

2. Your Medical coverage
Kaiser NW 2018-2019

Effective Date: 07/01/2018
Persons Covered: Ben Benefits

Edit coverage

Click on Edit Coverage under section 2. Your Medical coverage.

FSA

Kaiser NW 2018-2019

✓ Currently Selected

After a "Note from your HR Administrator" pops up, it should show your Kaiser plan selected

Medical
HIPAA Authorization

Please choose either Yes or No below.

Yes, I agree to allow Kaiser Permanente to report my name, DOB and last four numbers of my SSN

No, I do not agree to allow Kaiser Permanente to report my name, DOB and last four numbers of my SSN. I understand that I may be denied treatment, payment of claims, enrollment, or eligibility for benefits based on my participation in the Preventive Care Initiative.

Skip

Click Next, then choose your HIPAA Authorization answer. You must choose Yes for Kaiser to report your Name, DOB and last 4 SSN to the City to confirm your compliance in the Preventive Care Initiative.