## SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

CERTIFICATED MEDICAL, DENTAL, VISION, ENROLLMENT FORM

Employee Benefits Use Only:

Eligible Date\_\_\_\_\_

New Enrollment ADD DEPENDENTS	Open Enrollment	Change Health Plan	Address Change DELETE DEPENDENT(	Name Change (if ap	plicable - former name )
Birth	Marriage_		Divorce/Separation_	O	ther:
Loss of Coverage	Adoption		Child/No longer eligit	ole	

## **IMPORTANT**

## Arbitration - Health Net

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining he insurance coverage.

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ACKNOWLEDGMENT AND AGREEMENT: I understand and agree that by enrolling with or accepting services from the Health Net Entities, the DBP Entities and/or the Fidelity Entities, I and any enrolled dependents are obligated to understand and abide by the terms, conditions and provisions of the Plan Contract or Insurance Policy. I have read and understand the terms of this application, and my signature below indicates that the information entered in this application is complete, true and correct to the best of my information and belief, and I accept these terms.

BINDING ARBITRATION AGREEMENT: I, the Applicant, unders tand and agree that any and all disputes between me (including any of my enrolled family members or heirs or personal representatives) and Health Net must be submitted to final and binding arbitration instead of a jury or court trial. This Agreement to arbitrate includes any disputes arising from or relating to the Evidence of Coverage or Certificate of Insurance or my Health Net membership or coverage, stated under any legal theory. This agreement to arbitrate any disputes applies even if other parties, su ch as health care providers or their agents or employees, are involved in the dispute. I understand that, by agreeing to submit all disputes to final and binding arbitration, all parties including Health Net are giving up their constitutional right to have their dispute decided in a court of law by a jury. I also understand that disputes that I may have with Health Net involving claims for medical malpractice (that is, whether any medical services rendered were unnecessary or unauthorized or were improperly