

CLASS MEMBER DATA FORM

Please fill out the following form with your current information and return following the instructions below. Each Class Member should fill out a separate form.

First Name

Last Name

Address

City

State

Zip Code

1. The person listed above is alive: _____ Yes _____ No

If the person listed above is not alive, please give this form to the deceased person’s next-of-kin (or, in legal terms, their “successor-in-interest” or “personal representative”). If you are the next-of-kin, successor-in-interest or personal representative of the deceased Class Member, please fill out this entire form on that person’s behalf per the instructions below.

2. Please fill out the following:

_____ I confirm that the name and address listed above are correct and accurate OR

_____ Change my address to the following:

Address

City

State

Zip Code

If your name has changed please contact us at 1-800-978-8522 as soon as possible

3. Please fill out the following:

Home Phone: _____ Cell Phone: _____

Social Security Number: ____ - ____ - _____

Additional Phone: _____

Additional Phone Type: Home Cell Work

Email Address: _____

Preferred Method of Contact: Phone Call Text Message Email

4. Please fill out the following relating to your health insurance. If you don't know the answer to a question, please contact us at 1-800-978-8522

Date of birth: _____

Medicare Eligibility:

_____ I am over 65 and eligible for Medicare

_____ I am over 65 and not eligible for Medicare

_____ I am under 65 and will not be eligible for Medicare when I turn 65

_____ I am under 65 and will be eligible for Medicare when I turn 65

In 2019, my health insurance plan was the following:

If prior to 2019, you had a different health insurance plan than you do now, please tell us the name of your plan for each year dating back to 2010:

2018 _____ 2017 _____

2016 _____ 2015 _____

2014 _____ 2013 _____

2012 _____ 2011 _____

2010 _____

If at some time between 2010 and now, you elected Kaiser Senior Advantage, please tell us the years that you did so:

_____.

Most Class Members (but not all) purchased their health insurance through Via Benefits (formerly known as One Exchange). Please let us know any years in which you did not purchase your health insurance through Via Benefits (or One Exchange):

_____.

If someone other than you, such as a spouse, child, or dependent, receives health insurance under your health insurance policy or plan, please tell us their names, ages and social security numbers:

Please note that if such persons are Class Members, they should also fill out their own Class Member Data Form.

5. Deceased Class Members: If you are the next-of-kin, personal representative or successor-in-interest of a deceased Class Member, you must fill out and return this form to receive benefits.

If the person listed at the top of this form is deceased, please provide us the following information about the deceased Class Member:

The Class Member to whom this form is addressed died on the following date:

Date of Death: _____

The next-of-kin, successor-in-interest or personal representative of the deceased Class Member is:

Name _____

Relationship to deceased person: _____

Address _____

Telephone No. _____

Email: _____

If **you** are the next-of-kin, successor-in-interest or personal representative of the deceased Class Member, please confirm this by signing below:

Signature