SIMNSA
health plan

ENROLLMENT APPLICATION

COBRA ☐
MEDICAL PLAN ☐
MEDICAL AND DENTAL PLAN ☐

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER

STREET ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE (HOME OR CELL)	DATE OF BIRTH MM/DD/YY		
( )	/ /	☐ MALE	☐ SINGLE
		☐ FEMALE	☐ MARRIED

NAME OF COMPANY WHERE YOU WORK (EMPLOYER)	LANGUAGE PREFERENCE	
	☐ ENGLISH ☐ SPANISH	☐ OTHER _____

List Dependents: Eligible dependents may include: Spouse, registered domestic partner and/or children under 26 years old.
The Plan will request official and legal documentation such as: Birth Certificates, Marriage Certificate.

LAST NAME	FIRST NAME	DATE OF BIRTH MM / DD / YY	S . S. N SOCIAL SECURITY NUMBER	N/A	CHILDREN	SPOUSE	MEDICAL PLAN	MEDICAL AND DENTAL PLAN	DENTAL PLAN
				☐	☐	☐			
				☐	☐	☐			
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				☐	☐	☐			

Upon applying for membership of Sistemas Medicos Nacionales, S.A. for me and eligible members of my family, I accept the following:

1. All services should be provided solely by SIMNSA providers, except in case of an Emergency as defined in the Plan document.
2. We shall not lend our member cards to others; doing so may result in immediate cancellation of coverage and penalties.
3. I understand that SIMNSA will obtain medical information for people listed on this application in order to administer the Plan.
4. I certify that the information on this application is valid and correct and that I understand the benefits and rules of this health Plan.
5. This Plan uses binding arbitration to settle all disputes arising under this Agreement. It is understood that any dispute as to medical malpractice, that is, as to whether any medical services rendered in California under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. For any disputes arising from services rendered in Mexico, Mexico law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. For more information, please refer to your Evidence of Coverage.

ADMINISTRATIVE USE ONLY

Effective Date:_____

☐ New Hire Hire Date:_____

☐ Re-Hire Re-Hire Date:_____

_____
DATE

_____
SIGNATURE