

2018 MEDICAL PLAN ENROLLMENT FORMS

If you're making a change to your plan, please fill out these forms and submit them to Christie Colón, Benefits Specialist in Human Resources

SISC/KAISER PERMANENTE

- [Kaiser Enrollment Form*](#)

*Kaiser - Be sure to check HMO or Deductible plan in Section A on enrollment form

SISC/BLE SHIELD OF CALIFORNIA

- [Blue Shield Enrollment Form**](#)

**Blue Shield - HMO enrollment must include IPA & PCP numbers
HSA & PPO enrollment must include HSA or PPO written in the top margin