



DENTAL AND HEALTH PLAN

SIMNSA Enrollment Application - Imperial County IHSS

Last name		First name		Social Security Number	
Street Address			City	State	Zip Code
Telephone (Home or Message) ()		Date of Birth		<input type="checkbox"/> Male	<input type="checkbox"/> Single
				<input type="checkbox"/> Female	<input type="checkbox"/> Married
Name of Company Where You Work (Employer) Imperial UDWA (Group #520)					

- * You **MUST** sign and date the application below.
- * Please note that all insurance benefits (except for true emergencies) must be received from SIMNSA facilities in Mexicali (Mexico).
- * SIMNSA has many doctors that speak both English and Spanish.
- * This plan is offered to the IHSS Provider only and not to your dependents.
- * The monthly payroll deduction for this plan is \$20 a month and will be deducted from your State of California issued paycheck once a month.

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 a Dental 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. 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: _____	
<input type="checkbox"/> New Hire	Hire Date _____
<input type="checkbox"/> Re-Hire	Re-Hire Date _____

Signature

Date