

APPLICATION FORM

ENROLLMENT CHANGE (check one)

8989 Rio San Diego Drive, Suite 250
San Diego, CA 92108
1-800-678-9133
Attention: Account Services

A. EMPLOYEE INFORMATION

Employee's Name (Last) (First) (M.I.)			Social Security Number		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Home Address		City	State	Zip Code
Employer Name			Employee's Effective Date	Employee's Medical Plan	

B. ELIGIBLE DEPENDENTS TO BE ENROLLED

If more space is needed, please attach an additional form	Date of Birth	Sex M/F	Medical Plan
Last First M.I.			
Spouse			
Dependent Child			
Dependent Child			
Dependent Child			

C. Arbitration

I understand that American Specialty Health Plans ("ASHP") uses binding arbitration to settle disputes, including to settle any claim of medical malpractice against ASHP. In addition, I understand that any claims I might have against an ASHP participating provider, including a claim for medical malpractice, will not be subject to ASHP's arbitration procedures, except to the extent I and the participating provider agree to follow and/or be bound by those procedures.

I also understand that California Health and Safety Code Section 1363.1 requires ASHP to include the statements set forth above in this Application Form as well as the following statement, which is substantially the wording provided by Section 1295(a) of the California Code of Civil Procedure:

It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under the ASHP agreement under which I receive chiropractic and/or acupuncture services were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, and any dispute as to the delivery of services under that agreement will, to the extent described above, 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. I understand that, by signing this Application Form or otherwise becoming a member under that agreement, ASHP and I are giving up any constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

D. Your Signature

X _____ Date _____

E. To Be Completed by Employer

Employer Name		Group Number	Date of Hire	Coverage/Change Effective Date
<input type="checkbox"/> New Hire	<input type="checkbox"/> Add Above Dependent	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Change Last Name	<input type="checkbox"/> COBRA
<input type="checkbox"/> Termination	<input type="checkbox"/> Delete Above Dependent	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Other _____	